



The MetroHealth System

Medicaid Assistance and Financial Assistance Program Documentation Sheet

Based upon your Financial Eligibility interview, the following documents are requested to ensure a successful assignment of a Financial Assistance Program and or a completion of a Medicaid Application:

1. _____ Driver’s license, State ID, Military ID or United States Passport
2. _____ Permanent Resident Card for all family members
3. _____ Visas, passport or naturalization citizenship documents
4. _____ Birth certificates of minor children
5. _____ Marriage Certificate, Divorce Decree, or Death Certificate
6. _____ Letter of Guardianship and or Power of Attorney
7. _____ Utility Bill, Commercial Mailing received in the past 60 days
8. _____ Lease or Rental Agreement signed or received in the past 60 days
9. _____ Letter describing proof of support and or residency signed and dated
10. _____ Prior years Federal Tax Return (Personal, Corporate, Partnership Tax) including all W2’s and or 1099’s
11. _____ Paystubs from each employer for the last three (3) months
12. _____ Proof of lost income in the past three (3) months. (employment termination letter, benefit termination letter)
13. _____ Statement of Gross income from the following agencies:

<input type="checkbox"/> Social Security	<input type="checkbox"/> Pension
<input type="checkbox"/> Veteran’s Administration	<input type="checkbox"/> Workers Compensation
<input type="checkbox"/> Unemployment Compensation	<input type="checkbox"/> Short Term/Long Term Disability
14. _____ Statement of income from: Child Support Alimony
15. _____ Annual statement of earned interest/capital gains for bank accounts, stocks, bonds, CD, IRA
16. _____ Monthly gross profit statement for prior 12 months if self-employed, rental property owner, doing odd jobs, business partnership, or corporation owner
17. _____ Copy of the following program statements:

<input type="checkbox"/> Food Stamps
<input type="checkbox"/> Low-income housing
<input type="checkbox"/> Medicaid award/denial letter or proof of Medicaid case closed from another state
18. _____ Completed and signed FAP/ HCAP Application

Please make copies of your documents, as originals will not be returned. Please return this form along with your documentation.

Documentation can be submitted 4 ways:

1) *Mail to:*

MetroHealth Medical Center
Patient Access Services Admitting Department
Main Towers Room 169
2500 MetroHealth Drive
Cleveland, Ohio 44109

2) *Faxed to (216) 778-4884*

3) *E-mailed to MHFinancialEligibility@metrohealth.org*

4) *Dropped off at the Admitting Department which is to the left of the main hospital entrance.
Monday through Friday 8:00 am to 4:30 pm*

If you have any questions, please call (216) 957-2325

Your Re Determination Appointment Date is scheduled for _____

Are you signed up for MyChart? ___ Yes ___ No If not, would you like to sign up? ___ Yes ___ No

Patient Signature

Date

Revised 12/2021