



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:

- _____ Driver’s license, State ID, Military ID or United States Passport
- _____ Permanent Resident Card for all family members
- _____ Visas, passport or naturalization citizenship documents
- _____ Birth certificates of minor children
- _____ Marriage Certificate, Divorce Decree, or Death Certificate
- _____ Letter of Guardianship and or Power of Attorney
- _____ Utility Bill, Commercial Mailing received in the past 60 days
- _____ Lease or Rental Agreement signed or received in the past 60 days
- _____ Letter describing proof of support and or residency signed and dated
- _____ Prior years Federal Tax Return (Personal, Corporate, Partnership Tax) including all W2’s and or 1099’s
- _____ Paystubs from each employer for the last three (3) months
- _____ Proof of lost income in the past three (3) months. (employment termination letter, benefit termination letter)
- _____ Statement of Gross income from the following agencies:
 - Social Security
 - Veteran’s Administration
 - Unemployment Compensation
 - Pension
 - Workers Compensation
 - Short Term/Long Term Disability
- _____ Statement of income from: Child Support Alimony
- _____ Annual statement of earned interest/capital gains for bank accounts, stocks, bonds, CD, IRA
- _____ Monthly gross profit statement for prior 12 months if self-employed, rental property owner, doing odd jobs, business partnership, or corporation owner
- _____ Copy of the following program statements:
 - Food Stamps
 - Low income housing
 - Medicaid award/denial letter or proof of Medicaid case closed from another state
- _____ 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