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:
    - ☐ Social Security
    - ☐ Pension
    - ☐ Veteran's Administration
    - ☐ Workers Compensation
    - ☐ Unemployment Compensation
    - ☐ 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:
    - ☐ Food Stamps
    - ☐ Low-income housing
    - ☐ 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 3 ways:

1) *Mail to:*

Attention: Financial Coordination
Admitting Department
The MetroHealth System
PO BOX 933467
Cleveland, Ohio 44197-9802

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

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

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 10/2022