MetroHealth
Devoted to Hope, Health, and Humanity

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 Diability

- ☐ 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:

  - ☐ Medicaid Award/Denial Letter or proof of Medicaid Case Closed from another state
  - ☐ _____

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☐ Completed and signed FAP/ HCAP Application

Notes:

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:

Document Due Date

1. Mail to:
Attention: Financial Coordination
Admitting Department
The MetroHealth System
PO BOX 74732
Cleveland, OH 44197-9802
2. Faxed to (216) 778-4884
3. Emailed to MHFinancialEligibility@metrohealth.org

If you have any questions, please call (216) 957-2325
Are you signed up for MyChart?

- ○ Yes
- ○ No

If not, would you like to sign up?

- ○ Yes
- ○ No