



# Navicent Health Baldwin

821 N Cobb Street  
Milledgeville, Ga 31061

Dear Patient:

In keeping with the mission commitment of service to the community, Navicent Health Baldwin offers financial assistance programs for the patients and the community according to recognized need and available resources.

Enclosed you will find a financial information form. Please complete and return the form with a copy of the following (**the form cannot be considered without this information**):

- Income Tax Return for year \_\_\_\_\_
- 3 current Pay Stubs or other sources of Income for **all household members (includes unemployment)**. If no income, will need a wage report from the Department of Labor.
- 3 months current bank statements
- Other \_\_\_\_\_
- College students must supply the following:
  1. Copies of grants &/or loans
  2. Living expense allotments granted by scholarships
  3. Documentation from parents if they assist with living expenses
  4. Proof of student status

The completion of this application will allow us to evaluate your need for assistance with your outstanding balance due. There are guidelines that we have to follow through the State of Georgia to be able to consider you/your family eligible for the hospital financial assistance.

If you have any questions or concerns in completing this information, please contact my office at 478-454-3585 Monday through Friday 8:00 am-4:30 pm.

Sincerely,

Kristie Daughtry  
Patient Financial Counselor  
Navicent Health Baldwin  
478-454-3585



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## Estimated Monthly Expenses

Name: \_\_\_\_\_

Account: \_\_\_\_\_

Please complete the following estimated monthly expense sheet & return with application and requested documentation:

| Type of Account    | Creditor | Estimated Monthly Amount |
|--------------------|----------|--------------------------|
| Mortgage / Rent    |          |                          |
| Electric / Power   |          |                          |
| Water              |          |                          |
| Gas / Heating      |          |                          |
| House Telephone    |          |                          |
| Cell Phone(s)      |          |                          |
| Cable / Satellite  |          |                          |
| Car Payment (1)    |          |                          |
| Car Payment (2)    |          |                          |
| Insurance - auto   |          |                          |
| Insurance - life   |          |                          |
| Insurance – house  |          |                          |
| Internet           |          |                          |
| Other – list below |          |                          |
|                    |          |                          |
|                    |          |                          |
|                    |          |                          |
|                    |          |                          |

Please list additional expenses on the back of this form. If there have been lapses in your employment, please write a statement to explain how your living expenses have been paid during your unemployment.

\*\*\*\*\*Make sure you sign the application & return all requested document\*\*\*\*\*

