



# Navicent Health Baldwin

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**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

**Navicent Health Baldwin  
Indigent/Charity Care Application**

PATIENT NAME \_\_\_\_\_ SS# \_\_\_\_\_ D.O.B. \_\_\_\_\_ ACCOUNT# \_\_\_\_\_

ADDRESS \_\_\_\_\_ CELL PH# \_\_\_\_\_ WORK# \_\_\_\_\_

HOUSEHOLD INFORMATION \_\_\_\_\_ Indigent \_\_\_\_\_ Charity \_\_\_\_\_  
INCOME INFORMATION \_\_\_\_\_ EXPENSE INFORMATION \_\_\_\_\_

MEMBER NAME	AGE	RELATIONSHIP	INCOME SOURCE	AMOUNT	W-M-Y	CREDITOR	AMOUNT	W-M-Y

TOTAL HOUSEHOLD MEMBERS: \_\_\_\_\_ TOTAL INCOME: \_\_\_\_\_ TOTAL EXPENSES: \_\_\_\_\_  
(calculate on an annual household figure)

SUPPORTING DOCUMENTS

NAME OF BANK	ACCOUNT TYPE	ACCOUNT #	BALANCE	TYPE	SOURCE	WITNESSED BY:
				Proof of Income		
				Letter of Support		
				Homeless Affidavit		

- (A) \_\_\_\_\_ Support Statement: My signature will certify that I, \_\_\_\_\_ of the above referenced patient, do provide all necessary essentials for living for the patient's behalf, and have done so for a period of \_\_\_\_\_ years/months.
- (B) \_\_\_\_\_ Homeless Affidavit: I, \_\_\_\_\_ hereby certify that I am homeless, have no permanent address, no job, savings, or assets and no income other than donations from others.

I hereby acknowledge all of the information provided to be true. I understand that providing false information will result in denial of this application. I also understand that a credit report may be obtained or other such measures may be taken to verify the information herein. I fully understand that Navicent Health Baldwin Indigency Program is a "Payor of last Resort" and hereby assign all benefits from any liability actions, personal injury claims, tort settlements, or any and all insurance benefits which may become payable for illness or injury for which Navicent Health Baldwin provided care.

ADMISSION SOURCE:  
 \_\_\_\_\_ Inpatient Admission  
 \_\_\_\_\_ Emergency Room  
 \_\_\_\_\_ Other Outpatient

\_\_\_\_\_  
SIGNATURE OF PATIENT (GUARDIAN) \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_  
WITNESS \_\_\_\_\_ DATE \_\_\_\_\_



# Navicent Health Baldwin

## 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\*\*\*\*\*