



WEIRTON MEDICAL CENTER

601 Colliers Way Weirton, WV 26062-5091 304-797-6000

THE FOLLOWING HAS BEEN RECOMMENDED FOR CHARITY CARE

Patient _____

Review by FC: _____

Recommended for: _____ 100% _____ 50% _____ Denied

Acct #'s _____

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Total Dollar Amount \$ _____

The following items are included:

- _____ Income Worksheet
- _____ Most recent Tax Return and W'2 forms
(Turbo Tax printout is acceptable. No hand written taxes)
- _____ Most recent paystub/must show year-to-date
- _____ Unemployment Income
- _____ Workman's Compensation
- _____ Alimony
- _____ Proof of disability/social security (**CURRENT YEAR AWARD LETTER**)
- _____ Proof of pension
- _____ Proof of child support/court documents
- _____ Proof of food stamps/EBT (printout obtained at local DHHR for last 12 months)
- _____ Proof of H.U.D.
- _____ Notarized letter from anyone assisting patient financially
- _____ Proof of rental income/rental receipts
- _____ Mortgage Payment receipts
- _____ Copy of utility payments/bills
- _____ Proof of stocks, bonds, etc.
- _____ Complete/current bank statement for 3 full month for checking, savings, etc.
- _____ Identification/driver's license
- _____ Proof of Medicaid Application/MarketPlace application.
- _____ ACA (affordable Care Act) Coverage.