



Date: \_\_\_\_\_

Dear Hamilton Medical Center Patient,

Thank you for your recent inquiry about Hamilton Medical Center's (HMC) Financial Assistance Program.

Financial assistance is considered for patients whose residence is within our core service areas of Catoosa, Gordon, Murray and Whitfield Counties. We require proof of household size and all household income. Household is defined as self, spouse, any natural or adopted children under the age of 18 living with the patient and any other legal dependents listed on the most recent income tax return.

Please submit your most recent tax return along with identification for everyone in your household. If you did not file a tax return, please review all the attached documents and provide all the information that pertains to your household. In order to be eligible for financial assistance, you must return the application and supporting documentation within 15 days or the bill will continue to be your responsibility. **Please allow 30 days for processing, after we receive your completed application.**

Should you have any questions regarding these instructions, please call our Patient Accounts Liaison, at 706-272-6136 or 706-272-6018. Our office hours are, Monday through Friday, 8:30AM to 5:00PM. Appointments are available from 8:30AM to 4:30PM.

**Contact Information**

Please submit your completed and signed application; along with, the supporting documentation. Any application received with missing documents may be denied as incomplete.

Mail:

Hamilton Medical Center  
P.O. Box 1168  
Dalton, Georgia 30722  
Attention: Patient Accounts  
Liaison

or

Fax:

706-281-5613  
or  
706-281-5614

Attention: Patient Accounts  
Liaison

Thank you for choosing Hamilton Medical Center for your healthcare needs.  
Sincerely,

Patient Accounts Liaison

HAMILTON MEDICAL CENTER  
DALTON, GEORGIA  
**APPLICATION FOR FINANCIAL ASSISTANCE**

Name: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_  
Address: Street \_\_\_\_\_ Apt. # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_  
Home Phone \_\_\_\_\_ Employer \_\_\_\_\_  
Family Size \_\_\_\_\_

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Type of Service: \_\_\_\_\_  
Date(s) of Service: \_\_\_\_\_  
Proof of Identity: \_\_\_ Driver's License \_\_\_ Other

Patient's Statement \_\_\_\_\_

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(All requested information must be provided, or your application will be returned to you as incomplete.)

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**APPLICANT'S CERTIFICATION**

I certify that the above information is true and accurate to the best of my knowledge. Further, I will make application for any assistance (Medicaid, Medicare, Insurance, etc..) which may be available for payment of my hospital charge, and I will take any action reasonably necessary to obtain such assistance and will assign or pay to the hospital the amount recovered for hospital charges.

I understand that this application is made so that the hospital can judge my eligibility for uncompensated services based on the established criteria on file in the hospital. If any information I have given proves to be untrue, I understand that the hospital may reevaluate my financial status and take whatever action becomes appropriate.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_ Patient Accounts Liaison Signature \_\_\_\_\_

Approved \_\_\_\_\_

Denied \_\_\_\_\_

## Documents for Financial Assistance Application

### \*STEP 1 – Must Provide.

<b>Acceptable Proof of Identification:</b>	
<b>*Please submit one type of identification for each household member.</b>	
Birth Certificate	Employment Authorization Card
Government Issued Photo Id	State Driver’s License
Current Passport	Certificate of Citizenship
Certificate of Naturalization	School Identification

### \*STEP 2- Must Provide.

<b>Required Income Documentation:</b>	
<b>*Must be included with every signed application.</b>	
Most recent tax return for each person working, <u>including minors</u> , or any person that claimed you as a dependent	If applicable, child support / TANF payments <u>received</u> , or documentation showing child support not required in special circumstances. See “Child Support Self-Attestation” form attached.
Must complete attached Household Size and Residency Self-Attestation Form	

### \*STEP 3- ONLY if you cannot provide step 2, please submit all information below that pertains to your household.

Must complete attached 4506-T IRS Non-Filing Form & submit to the IRS. <u>After you receive</u> the documentation from the IRS, please submit with your completed application. You may visit their website at <a href="http://www.irs.gov">www.irs.gov</a> , call 800-829-1040, or call 800-908-9946 to obtain a copy of your return or non-filing letter.	
Public Assistance	Social Security
Unemployment Compensation	Rental Income
Alimony	Military
Family Allotments	Pensions
Veteran’s Benefits	Corporate Income
Dividends / Interest	Food Stamps
Must complete attached Statement of Contribution Form	Must complete attached Verification of Income Form
Employer Separation Notice (if no longer employed)	Gross Self-Employment Income by a Certified Tax Preparer or Official Documentation

### **Deceased Patients: Only these two documents are required.**

Death Certificate	Must complete attached Estate Self-Attestation Letter or provide proof of no estate
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**Household Size and Residency Self-Attestation Form**

Applicant Name \_\_\_\_\_ DOB: \_\_\_\_\_

Current Physical Address:

\_\_\_\_\_  
\_\_\_\_\_

Please list the full name of everyone living in your home at the time of this application.

<b>NAME</b>	<b>DATE OF BIRTH</b>	<b>RELATIONSHIP</b>

I acknowledge that I live in \_\_\_\_\_ County and all the information above is true and accurate.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Child Support Self-Attestation Form**

Child's Name	Amount	Frequency (weekly, monthly)	Year Paid

To be completed for income verification of child support received. If there is no child support, enter zero for the amount received. Please sign and submit form even if no child support is received.

Please provide any applicable documentation supporting child support. This may include: court orders, letter from child support recovery, or any legal documents.

By signing this document, you attest that the information above is true and accurate.

Signature of person responsible to pay child support:

\_\_\_\_\_ Date: \_\_\_\_\_

Signature of person receiving child support:

\_\_\_\_\_ Date: \_\_\_\_\_

**Request for Transcript of Tax Return**

- ▶ Do not sign this form unless all applicable lines have been completed.
- ▶ Request may be rejected if the form is incomplete or illegible.
- ▶ For more information about Form 4506-T, visit [www.irs.gov/form4506t](http://www.irs.gov/form4506t).

**Tip: Get faster service:** Online at [www.irs.gov](http://www.irs.gov), **Get Your Tax Record** (Get Transcript) or by calling **1-800-908-9946** for specialized assistance. We have teams available to assist. **Note:** Taxpayers may register to use [Get Transcript](#) to view, print, or download the following transcript types: **Tax Return Transcript** (shows most line items including Adjusted Gross Income (AGI) from your original Form 1040-series tax return as filed, along with any forms and schedules), **Tax Account Transcript** (shows basic data such as return type, marital status, AGI, taxable income and all payment types), **Record of Account Transcript** (combines the tax return and tax account transcripts into one complete transcript), **Wage and Income Transcript** (shows data from information returns we receive such as Forms W-2, 1099, 1098 and Form 5498), and **Verification of Non-filing Letter** (provides proof that the IRS has no record of a filed Form 1040-series tax return for the year you request).

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
<b>2a</b> If a joint return, enter spouse's name shown on tax return.	<b>2b</b> Second social security number or individual taxpayer identification number if joint tax return
<b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
<b>4</b> Previous address shown on the last return filed if different from line 3 (see instructions)	
<b>5</b> Customer file number (if applicable) (see instructions)	

**Note:** Effective July 2019, the IRS will mail tax transcript requests only to your address of record. See **What's New** under **Future Developments** on Page 2 for additional information.

**6 Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ \_\_\_\_\_

**a Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days . . . . .

**b Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days . . . . .

**c Record of Account**, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days . . . . .

**7 Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days . . . . .

**8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days . . . . .

**Caution:** If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

**9 Year or period requested.** Enter the end date of the tax year or period requested in mm/dd/yyyy format. This may be a calendar year, fiscal year or quarter. Enter each quarter requested for quarterly returns. Example: Enter 12/31/2018 for a calendar year 2018 Form 1040 transcript.

|   /   /   |   /   /   |   /   /   |   /   /   |

**Caution:** Do not sign this form unless all applicable lines have been completed.

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

**Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T.** See instructions. Phone number of taxpayer on line 1a or 2a

<b>▶</b>	Signature (see instructions)	Date		
<b>▶</b>	Title (if line 1a above is a corporation, partnership, estate, or trust)			
<b>▶</b>	Spouse's signature	Date		

Section references are to the Internal Revenue Code unless otherwise noted.

## Future Developments

For the latest information about Form 4506-T and its instructions, go to [www.irs.gov/form4506t](http://www.irs.gov/form4506t). Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

The filing location for the Form 4506-T has changed. **Please see Chart for individual transcripts or Chart for all other transcripts** for the correct mailing location.

**What's New.** As part of its ongoing efforts to protect taxpayer data, the Internal Revenue Service announced that in July 2019, it will stop all third-party mailings of requested transcripts. After this date masked Tax Transcripts will only be mailed to the taxpayer's address of record.

If a third-party is unable to accept a Tax Transcript mailed to the taxpayer, they may either contract with an existing IVES participant or become an IVES participant themselves. For additional information about the IVES program, go to [www.irs.gov](http://www.irs.gov) and search IVES.

## General Instructions

**Caution:** Do not sign this form unless all applicable lines have been completed.

**Purpose of form.** Use Form 4506-T to request tax return information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

**Note:** If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

**Customer File Number.** The transcripts provided by the IRS have been modified to protect taxpayers' privacy. Transcripts only display partial personal information, such as the last four digits of the taxpayer's Social Security Number. Full financial and tax information, such as wages and taxable income, are shown on the transcript.

An optional Customer File Number field is available to use when requesting a transcript. This number will print on the transcript. See Line 5 instructions for specific requirements. The customer file number is an optional field and not required.

**Tip.** Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

**Automated transcript request.** You can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946.

**Where to file.** Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart shows two different addresses, send your request to the address based on the address of your most recent return.

**Line 1b.** Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

**Line 3.** Enter your current address. If you use a P.O. box, include it on this line.

**Line 4.** Enter the address shown on the last return filed if different from the address entered on line 3.

**Note:** If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party — Business.

**Line 5.** Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number **should not** contain an SSN. Completion of this line is not required.

**Note.** If you use an SSN, name or combination of both, we will not input the information and the customer file number will reflect a generic entry of "9999999999" on the transcript.

**Line 6.** Enter only one tax form number per request.

**Signature and date.** Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.

**Individuals.** Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

**Corporations.** Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

**Partnerships.** Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

**All others.** See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

**Note:** If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

**Documentation.** For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

**Signature by a representative.** A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 12 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service  
Tax Forms and Publications Division  
1111 Constitution Ave. NW, IR-6526  
Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.

## Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:	Mail or fax to:
Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301  855-587-9604
Delaware, Illinois, Indiana, Iowa, Kentucky, Maine, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Vermont, Virginia, Wisconsin	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999  855-821-0094
Alaska, Arizona, California, Colorado, Connecticut, District of Columbia, Hawaii, Idaho, Kansas, Maryland, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Dakota, Utah, Washington, West Virginia, Wyoming	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409  855-298-1145

## Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409  855-298-1145
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999  855-821-0094



You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.



## Verification of Income Form

Hamilton Central Business Office  
Patient Accounts Liaison  
Phone: 706-272-6018 or 706-272-6136  
Fax: 706-281-5613 or 706-281-5614

Date: \_\_\_\_\_

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

To Whom It May Concern: Please provide a listing of the last thirteen weeks' gross wages for the above named employee. Please return this document with the complete application.

	Amount	Date Paid
Week 1	_____	_____
Week 2	_____	_____
Week 3	_____	_____
Week 4	_____	_____
Week 5	_____	_____
Week 6	_____	_____
Week 7	_____	_____
Week 8	_____	_____
Week 9	_____	_____
Week 10	_____	_____
Week 11	_____	_____
Week 12	_____	_____
Week 13	_____	_____

Employer Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Company name: \_\_\_\_\_

I, \_\_\_\_\_, give my permission to release the information above to Hamilton Medical Center's collection department

**STATEMENT OF FINANCIAL CONTRIBUTION FORM**

**Hamilton Medical Center (HMC)**

Date: \_\_\_\_\_ Guarantor ID: \_\_\_\_\_

To Whom It May Concern:

HMC is processing a financial assistance application for \_\_\_\_\_ who has stated they receive financial support from you. In order to determine assistance eligibility, please answer the questions below and return this letter within 15 days of receipt.

Thank you, \_\_\_\_\_ Patient Accounts Liaison

Phone: \_\_\_\_\_

1. Are you the parent of the person listed above? \_\_\_\_ Yes \_\_\_\_ No
2. Do you give money to the person listed above? \_\_\_\_ Yes \_\_\_\_ No If No, skip to question 6 below.
3. Is the money you give for the person listed above, for their dependents, or someone else? Please list names \_\_\_\_\_
4. If you do give them money, how much? \_\_\_\_\_
  - a. How often? \_\_\_\_\_
  - b. How much money did you give them in the past week? \_\_\_\_\_
  - c. How much money did you give them in the past month? \_\_\_\_\_
  - d. How much money did you give them in the past year? \_\_\_\_\_
5. Is the money you give them a loan? \_\_\_\_ Yes \_\_\_\_ No
6. If you stopped giving money to the person above, when did you stop? \_\_\_\_\_
7. Do you pay money to the court for the person listed above or for their dependents? \_\_\_\_ Yes \_\_\_\_ No If Yes list their names \_\_\_\_\_
8. Does the person listed above, or any of their dependents live in your household? \_\_\_\_ Yes \_\_\_\_ No If Yes, skip to question 11 below.
9. Do you help pay the rent or mortgage for the person listed above? \_\_\_\_ Yes \_\_\_\_ No
  - a. If yes, who do you give the money to? \_\_\_\_\_
  - b. If yes, how much do you pay? \_\_\_\_\_
10. Do you pay or help pay the following bills for the person listed above?

	Yes	No	How much do you pay?	Who do you give the money to?
a. Electric	_____	_____	_____	_____
b. Gas	_____	_____	_____	_____
c. Water	_____	_____	_____	_____
d. Phone	_____	_____	_____	_____
e. Other	_____	_____	_____	_____

11. Please list any hospital/accident/life insurance coverage you carry on the person listed above or their dependents:

- a. Name of Company \_\_\_\_\_
- b. Group or Policy # \_\_\_\_\_
- c. Type of Coverage \_\_\_\_\_
- d. Insured's Name \_\_\_\_\_

Contributor Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Contributor Signature: \_\_\_\_\_

Date: \_\_\_\_\_



### Estate Self-Attestation Letter

By completing this letter, I hereby attest that \_\_\_\_\_  
(Name of patient)

does not have an estate and there are no funds to pay the medical bills.

Signature of Representative: \_\_\_\_\_

Relationship: \_\_\_\_\_

Date: \_\_\_\_\_



## **FINANCIAL ASSISTANCE NOTIFICATIONS:**

**1. Same day appointments are not always available.**

1. Las citas para el mismo día no siempre están disponibles.

**2. Please make any necessary copies before dropping off applications.**

2. Haga las copias necesarias antes de entregar las aplicaciones.

**3. Please allow 30 days to process your application. You will receive notification in the mail regarding approval.**

3. Espere 30 días para procesar su solicitud. Recibirá una notificación por correo con respecto a la aprobación.

**4. You will continue to receive statements while your app is being processed.**

4. Continuará recibiendo factura mientras se procesa su aplicación.

**5. If you are approved for Financial Assistance and have future dates of service; please mail a copy of your letter along with your statement to our billing address. Also, you may write a brief note on your statement notifying us of your approval.**

5. Si usted es aprobado para recibir asistencia financiera y tiene fechas de servicio en el futuro; envíe una copia de su carta junto con su estado de cuenta a nuestra dirección de facturación. O bien, puede escribir una breve nota en su estado de cuenta notificándonos su aprobación.

**6. Please schedule appointments with the Patient Account Liaison prior to your visit.**

6. Programe citas con el Representante de cuenta del paciente antes de su visita.

*Thank you for choosing Hamilton Medical Center for your healthcare needs.*