



HOSPITAL ADMISSIONS OFFICE

BOX 800689

CHARLOTTESVILLE, VA 22908-0689

DATE: _____ PATIENT: _____

ACCOUNT #: _____ SERVICE DATE: _____

To be considered for financial assistance, the following items are types of verification used to process your application. Please send photocopies of the items necessary, as originals may not be returned. If you fail to provide the necessary documentation you will be responsible for the entire bill.

- 1. PAY CHECK STUBS: If you are employed you must supply 1 month's worth of your pay check stubs not more than 3 months old. If your stubs are not available, you must provide a letter from your employer stating one month's gross salary.
2. UNEMPLOYMENT: Forms verifying weekly benefit amount or denying unemployment or workers compensation.
3. OTHER INCOME: Copy of retirement benefits, General Relief check, ADC check, child support, housing, custody papers, or letter confirming receipt of food stamps' monthly benefit amount.
4. GOVERNMENT BENEFITS: Letter confirming or denying Social Security, SSI, VA or other government benefits, photocopy of check(s) or bank statement showing automatic deposit.
5. SELF EMPLOYMENT: Provide year-to-date income. Prior to May 31st of current year, send your Federal Income Tax Return. Thereafter, Quarterly Tax Returns/UVA Income form.
6. LETTER OF SUPPORT: Letter verifying support from family or friends (when no income is reported or not enough to show support).
7. SOCIAL SERVICES: Approval, denial, or pending status from your local department of social services.
8. BANK STATEMENTS: Most recent savings and/or checking account statement(s) from bank or credit union.
9. SICK LEAVE: Statement from doctor stating dates you are unable to work (or unable to return to work). Statement from employer indicating paid sick leave or if you are on leave without pay, year to date gross, and hire date.
10. STUDENTS: Scholarship, loan, workstudy, stipend, tuition, assistantship and grant award amounts.
11. INVESTMENTS: Stocks, bonds, IRA's, 401K plan, CD's, securities - statement showing current value.
12. PERSONAL PROPERTY: Tax Statement showing assessed value of vehicle(s) and other items claimed.
13. REAL ESTATE PROPERTY: Most current tax statement showing acreage and value / family lifetime rights.
14. LIFE INSURANCE: Policy or statement specifying cash value if over \$1500.00.
15. OTHER: _____
16. OTHER: _____

CUSTOMER SERVICE PHONE: 1-866-320-9659

NOT A CHART DOCUMENT