



MEDICAL FINANCIAL ASSISTANCE PROGRAM VERIFICATION

Acceptable documentation for income verification

- Copy of income for you and each member in your household for 12 months prior to the date you applied for Medical Financial Assistance.

Please check all that apply:

- Copy of paycheck/stub
- Income tax returns
- Social Security
- Unemployment or disability check/stub
- Child Support
- Alimony
- Other proof of income: _____

Other Items Required:

- Recent savings and checking bank statements
- Recent utility bills and rent/mortgage statements

Notes: If you have no insurance you may be required to apply for Medicaid in your County before Medical Financial Assistance will be considered.

Failure to provide the required information or false information will disqualify the applicant from approval.

Please print, complete and mail with required documentation to: Halifax Regional Medical Center, Attn: M. Boyd, Collections Department, 250 Smith Church Road, Roanoke Rapids, NC 27870. If you have any questions please call (252) 535-8148.

