Thank you for choosing East Alabama Medical Center for your healthcare needs. Our Financial Assistance program is available to assist all patients without regard to race, color, creed, or national origin. Outcome of the program may vary from charity care to financial planning aid in the payment of medical bills from East Alabama Medical Center.

In order to process your application, the following documents will be needed to ensure criteria requirements are met in your situation:

1. Verification of all income, such as W-2, Social security, last two pay stubs and/or other governmental checks, food stamps, pensions, child support, and a notarized letter from anyone providing financial assistance for your support.

2. An official copy of your most recent income tax return signed and dated by preparer if another person completed your return.

3. Three most recent bank statements on all accounts. (checking and savings)

4. All household members may be required to submit financial records and/or income tax records as requested.

How to Apply:

1. You may go online @ www.eamc.org to print an application and mail to East Al Medical Center, 2000 Pepperell Parkway, Opelika, Al 36801. Attention: Business Office

2. You may call 334-528-1275 to request an application

3. You may visit the Business Office located inside the hospital to request an application

Note: Other criteria may also be considered (i.e. medical and/or other household expenditures). Incomplete applications are not considered for assistance. The patient will be notified of incomplete information and will be given an opportunity to furnish the missing information.

Please call the Business Office @ 334-528-1275 for any questions, Mon-Fri 8:00 a.m. – 4:30 p.m.
First Name____________________________ Middle Initial ___________

Last Name____________________________

Social Security Number_______________________________

Date of Birth______/______/______

Home Phone#______________________  Cell Phone#___________________

Applicant’s Street Address__________________________________________________

City______________________  State__________  Zip Code_____________

Applicant’s Employer_________________________________________________

Employer’s Address__________________________________________________

City_______________________State__________ Zip Code_______________

Marital Status   M____  D_____Seperated_____Single_____

If Married or Separated:

Spouses First Name_____________________Middle Initial_____

Last Name____________________________

Social Security Number_______________________________

Date of Birth_____/_____/_____

List all members of your household (including self):

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Relationship</th>
<th>Occupation</th>
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Household Income:  
Total/Monthly:  
Total/Yearly:  

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<th>Wages</th>
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<tbody>
<tr>
<td>Other</td>
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Do you have a checking account?  Yes____  No____ 
Do you have a savings account?  Yes____  No____ 

If financial assistance is received from an outside source, a notarized statement, including the amount and type of assistance provided, should accompany this application.

Admitting Diagnosis____________________________________________________

Public Assistance
Have you ever applied for Medicare or other public assistance?______________

What was the approximate date of your application?___________________________

What response have you received?_________________________________________

I hereby request that my application for Financial Counseling Services be reviewed by the East Alabama Medical Center Financial Counseling Services Committee. I understand that the information submitted herein is subject to verification by EAMC. I also understand that if the information that I have submitted is determined to be false, it will constitute fraud. Such a determination will result in a denial of Financial Counseling Services, and I will be liable for charges for services provided.

_____________________________________ ______________________________
Signature (EAMC Representative)   Signature (Patient)

_____________________________________ ______________________________
Date       Signature (Applicant)

Additional Comments:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________