

# Financial Assistance Jackson County Residents

## Program Requirements

Singing River Health System is a public health system owned by Jackson County, Mississippi. The Financial Assistance Program procedures are designed to assist individuals who qualify for less than full coverage under available federal, state and local medical assistance programs, but for whom residual "self-pay" balances exceed their own ability to pay.

*Patients have 240 days from discharge to submit an application for financial assistance.*

*During the application process, any **two** of the following specific documents must be submitted to gain sufficient information to verify income for each family member. In order for us to determine financial assistance eligibility, we will need the following information returned to our office.*

### Proof of Income

- A complete copy of your most recent Federal Tax Return, including W2's and/or 1099 form; self-employed must include a Schedule C.
- Your letter showing the amount you receive each month from: social security, disability (short-term or long-term), alimony, child support, retirement or unemployment.
- If you receive your social security, disability, alimony, child support, retirement or unemployment by an electronic check, please provide copy of your bank statement.
- Most current paystub to include year-to-date wages.
- If separated, please provide a notarized letter.
- If unemployed, please submit a letter verifying length of unemployment.
- If someone is helping you with your expenses such as rent or food, a letter is required.
- If your account(s) are the result of a motor vehicle accident, with possible settlement, financial assistance will be placed on hold until such time settlement is determined.

**Proof of residency required:** current driver's license, car tag registration, mortgage papers, lease or rental agreement, homestead exemption receipt, voter registration card, water bill, and/or electric bill. Any documents for proof of residency must be in the applicants name or the applicant's spouse's name and contain a physical address. No post office box may be used as proof of residency.

*To apply for financial assistance, patients must submit a complete application with a signed consent form allowing Singing River Health System to pull their credit report. The credit report will result in a soft hit, which has no adverse effect towards the patient's credit score.*

**All information will be verified. An incomplete application will be denied.**

*Apply Online at [mysingingriver.com](http://mysingingriver.com).*

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