Financial Assistance

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.

Proof of Income

Our office will determine financial assistance eligibility using the specific document types below. Please submit the required documents for each family member, according to their type of employment, along with your application to ensure timely processing of your application.

WAGE/SALARY

All Required

- A complete copy of your current and/or last year's Federal Income Tax Return (include W2s and/or 1099)
- **If no tax return, provide last filing date letter from the IRS**
- Two (2) current pay stubs to include year-to-date wages
- Current bank statement or other digital financial statement

UNEMPLOYMENT REQUIREMENTS

Choose One if Applicable

- Receiving unemployment benefits: award letter and current bank statement or other digital financial statement
- Not receiving unemployment benefits: correspondence letter from Department of Labor AND letter from person(s) providing support including length of unemployment
- Current bank statement or other digital financial statement

SELF-EMPLOYED

All Required

- A complete copy of your current and/or last year's Federal Income Tax Return with schedule C
- If no tax return, provide last filing date letter from the IRS
- Six (6) months of current bank statements or other digital financial statements
- Business ledger

OTHER FORMS OF INCOME

All Required

(Social security, disability, alimony, child support, retirement, benefits, pension, worker's compensation, and/or unemployment compensation)

- Award letter indicating the amount you receive
- Most recent bank statement or other digital financial statement reflecting deposit
- Most recent 1099

Proof of Residency

To qualify for financial assistance, the patient must be a resident of Jackson, Harrison, Hancock, George, or Stone county. Please submit one (1) of the following documents as proof of residency. Residency documents must be in the applicant's name or the applicant's spouse's name and contain a physical address. No post office box may be used as proof of residency.

- 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 required

Proof of Dependents

Submit one (1) of the following, if applicable:

- Copy of tax return (Form 1040) for the current tax year
- School records
- Legal documents
- If separated, please provide divorce document and/or a notarized letter of separation

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. Patients have 240 days from discharge to submit an application for financial assistance. Apply online at MySingingRiver.com.

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Singing River

SingingRiverHealthSystem.com