

RMCHCS Financial Assistance
ELIGIBILITY DOCUMENT CHECKLIST

PATIENT NAME: _____ ACCT #: _____

Below is a list of documents that may be used to determine eligibility for Financial Assistance. Please provide copies of the documents checked below which apply to your situation. If we do not receive the appropriate documentation, this may result in your application being denied.

1. _____ Proof of Income from 1 month prior to the Date of Service
 - o Proof of income, including pay stubs or a letter from your employer on company Letterhead stating your gross income and date of hire.
 - o If you are self-employed, a one or three month profit and loss statement and your last tax return are required.
 - o Proof of unearned income including; unemployment, social security, award letter, retirement pension, child support, alimony, SSI award letter (for all family members), worker's compensation, State disability, VA benefits, monetary assistance from family members or friends.
 - o Complete copy of your tax return for the previous year or a signed affidavit of non-filing.
 - o For full time students, please provide all college financial assistance, grants or scholarships you have received for the last year.
2. _____ Proof of residency prior to the Date of Service.
 - o Please provide one of the following that contains your current NM address, dated prior to the date of service: Rent receipt, house payments, signed contract, letter from landlord, or letter from friend or family as to living arrangements.
 - o Please provide the most recent statement from each utility that you pay; electric, gas, water, phone, cable/Dish TV, etc.
3. _____ Insurance Cards
 - o Please provide copy of front and back of insurance cards for patient, spouse, and/or children
4. _____ One form of identification for all immediate family members that are listed on this application
 - o Please provide one of the following for each member of your family: Driver's License, Birth Certificate, Social Security card or Passport.
5. _____ Bank Statements (all pages) that shows the balance on the Date of Service.
 - o Including all checking savings, and debit card statements
6. _____ Any and all assets, which include 401K, stocks, bonds, IRA and real estate other than your primary residence.
7. _____ Proof of denial letter from NM Medicaid.

To speak with a Financial Counselor regarding questions or concerns or if you need assistance completing this application packet, please call either of the phone numbers below:

Financial Advisors:

Lucinda Cruz – (505) 863-7342 lcruz@rmchcs.org EMILY WILSON – (505) 726-6842 ewilson@rmchcs.org Margaret Perales – (505) 726-6834 mperales@rmchcs.org