



Dear Patient,

Thank you for choosing UNC Health to meet your health care needs. UNC Health is proud of its long history of providing health care services to all North Carolinians. Our financial assistance program relieves the financial burden of medically necessary health care and is available to patients and families with a household income at or below 250% of the Federal Poverty Guideline for your family size who are North Carolina residents.

To determine your eligibility, please complete the enclosed application and provide **all** required supporting documents. Return the application and the supporting documents in the envelope provided, upload through My UNC Chart at <https://myuncchart.org>, or submit by secure fax to (984) 974 – 6454. **Failure to return a complete application with all supporting documents will delay your application decision and normal billing procedures will continue.**

Required Documents

NC Residency	2 proofs of North Carolina residency listed on the NC Residency Requirements page of the application.
Income and Assets	Proof of most recent 30 days gross income and assets for the patient, spouse or guarantor, and all household dependents <u>18 years of age and older</u> as listed on the income page of the application. Household gross income and assets includes but are not limited to pay wages, self-employment, social security, Veterans benefits, pension, investments, retirement, unemployment, workers’ compensation, alimony, disability, rental properties, and bank accounts. If you <u>do not have any income</u>, please include a letter of support, signed and dated, from the person who provides you with assistance.
Tax Return	A copy of the most recent year Federal Tax Return – Form 1040 including all schedules. If you do not have a copy of your taxes call the IRS at 1-800-829-1040 for a free transcript.
Bank Accounts	Most recent month traditional and/or alternative bank account statements for checking, savings, money market, investment, and/or retirement accounts. Must be in bank statement format showing beginning balance, transactions, and ending balance. Include all pages of the statement with the last four digits of the account number visible.
Property	Tax value of owned property <u>other</u> than your primary residence. If <u>other</u> property is a rental property, provide proof of rental income such as a lease agreement or receipt.
Other	If no taxes filed provide birth certificates or custodian documents for all minor dependents, marriage certificate if married, death certificate if patient is deceased.
Do NOT send original documents.	

If you are eligible for NC Medicaid or other State or Federal programs, you must apply and continue to pursue all benefits. To complete the required screening for Medicaid, contact your local Department of Social Services or call our office at (984) 974-3425 or toll-free at (866) 704-5286.

For questions or assistance, contact the Financial Assistance Unit at (984) 974-3425 or toll-free at (866) 704-5286. Hours of operation are Monday – Thursday 8:30 a.m. – 4:30 p.m. and Friday 8:30 a.m. – 12:30 p.m.

UNC Health Financial Assistance Unit



UNC Financial Assistance Application

Patient Deceased

Submit via My UNC Chart or secure fax: 984-974-6454 or

Mail attention UNC Financial Assistance Unit, 500 Eastowne Drive 2nd Floor, Chapel Hill, NC 27514

For questions or assistance, call the Toll-free Financial Assistance Line 866-704-5286 or local 984-974-3425

I: NC Medicaid Eligibility Requirement

If you do not have health insurance and have not applied for NC Medicaid in the past 12 months, **contact your local county Department of Social Services or our office at 866-704-5286 or 984-974-3425 for eligibility screening.**

Have you applied for NC Medicaid in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what was the outcome? <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending <input type="checkbox"/> Not Eligible
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II: Patient Information

Name (Last, First, Middle Initial)		Birth Date (mm/dd/yyyy)		Guarantor No. or Medical Record No.	
Address		City		State	ZIP Code
Phone Number	Email Address (optional)		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow <input type="checkbox"/> Minor		
Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Student <input type="checkbox"/> Minor		Employer Name		Employer Phone Number	

III: Spouse or Guarantor (if patient is a minor under 18 years old)

Name (Last, First, Middle Initial)		Birth Date (mm/dd/yyyy)		Phone Number	
Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Student		Employer Name		Employer Phone Number	

IV: Household Dependents

Adults and/or minor dependents included on your Federal tax return that you provide more than 50% support.

Full Name	Relationship	Date of Birth	Medical Record No.
1.			
2.			
3.			
4.			

V: Family Gross Income and Assets

Most recent **30 days** of income for the patient, spouse or guarantor, and all household dependents 18 years of age and older. **Please send proof of monthly income by providing:** pay wages, award letters, tax returns, letter from the employer, profit and loss statements for self-employment, complete statements, and benefits letters. ***Do NOT send originals.***

If you **do not have any income**, please include a letter of support, signed and dated, from the person who provides you with assistance.

Banking: Do you have a bank account? YES NO Bank Name(s):

Type of account you and/or your spouse have: Checking Savings Investments Retirement

Include most recent statement(s) for all accounts (all pages). Last 4 digits of the account number must be visible.

NC Residency Requirements

In order to meet North Carolina state residency requirements, an individual must be domiciled in North Carolina. A person is domiciled in North Carolina if North Carolina is his/her fixed, established, or permanent place of residence with the intention to remain there permanently or for an indefinite period.

To verify NC residency, provide **two** documents from the list below. The documents must be in the name of applicant or applicant’s legal spouse and **show the current North Carolina address**.

- a. A valid North Carolina drivers’ license or other identification card issued by the North Carolina Division of Motor Vehicles.
- b. A current North Carolina lease or mortgage document, bank statement, or current utility bill.
- c. A current North Carolina motor vehicle registration.
- d. A current North Carolina voter registration card.
- e. Tax return for the applicant or the applicant’s legal spouse.
- f. A document verifying that the applicant is employed in North Carolina.
- g. One or more documents proving that the applicant’s home in the applicant’s prior state of residence has ended, such as closing of a bank account, termination of employment, or sale of a home.
- h. A document showing that the applicant has registered with a public or private employment service in North Carolina.
- i. A document showing that the applicant has enrolled his children in a public or a private school or a child care facility located in North Carolina.
- j. A document showing that the applicant is receiving public assistance (such as Food Stamps) or other services which require proof of residence in North Carolina. Work First and Energy Assistance do not currently require proof of NC residency.
- k. Records from a health department or other health care provider located in North Carolina.
- l. A written declaration from an individual who has a social, family or economic relationship with the applicant, and who has personal knowledge of the applicant’s intent to live in North Carolina permanently, for an indefinite period of time, or residing in North Carolina in order to seek employment or with a job commitment.
- m. A document from the US Department of Veteran’s Affairs, US Military or the US Department of Homeland Security verifying the applicant’s intent to live in North Carolina permanently or for an indefinite period of time, or that the applicant is residing in North Carolina to seek employment or has a job commitment.
- n. Official North Carolina school records, signed by school officials, or diplomas issued by North Carolina schools (including secondary schools, colleges, universities, community colleges), verifying the applicant’s intent to live North Carolina permanently or for an indefinite period of time, or that the applicant is residing in North Carolina to seek employment or with a job commitment.
- o. A document issued by a foreign consulate verifying the applicant’s intent to live in North Carolina permanently or for indefinite period of time, or that the applicant is residing in North Carolina to seek employment or has a job commitment.

NC Residency Declaration

Complete this section ONLY when NC Residency Documents CANNOT be provided

I **verify that I CANNOT provide two North Carolina state residency verification documents.**
By signing below I affirm and represent that I am a North Carolina resident.

I hereby declare that the above information is true and accurate. I understand that this declaration form is used to help verify that I meet North Carolina state residency requirements for UNC Health Care Financial Assistance. I understand that a false or misleading declaration by me may result in Charity Care adjustments for which I would not otherwise have qualified, and may subject me to civil and criminal penalties.

Patient Signature:	Sign Date:
Address, city, state and zip code	Primary Phone: