

## Tidelands Health Plain Language Summary

The Tidelands Health financial assistance program is available for all emergency and other medically necessary care. The policy, application, AGB calculation and this plain language summary can be found online at [www.tidelandshealth.org](http://www.tidelandshealth.org), and is available in print at request. The financial assistance application requires information on the patient along with other qualified members of the household/immediate family. The approval or denial of the application is based on the number of dependents along with the total income, the value of assets within the household and the applicant's status with any available government assistance available to them. Applicants that may qualify for government assistance will be notified and asked to cooperate in full with the other program(s). If the applicant is denied government assistance for a valid reason, financial assistance will be considered. The application cannot be completed without verification of income and liquid assets. Please reference the below list of required verifications:

- If you have a child in the home under the age of 19 and there is potential for eligibility of Medicaid, a Medicaid denial letter must be reviewed before charity assistance is considered.
- If you are eligible for other assistance such as Medicaid, affordable care coverage, worker's compensation, crime victims, MIAP, etc., these programs must be reviewed prior to consideration of this charity program.
- Last year's federal tax return (Form 1040) including all schedules and attachments. If you did not file last year's taxes, the most current years return must be provided. If, for any reason you do not file taxes, please provide an explanation of why.
- Last year's federal tax return including all schedules and attachments for any business that you fully or partly own.

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- Verification of income from the following (as applicable):
  - Statement of wages for the past 8 weeks for all wage earners. These must be back to back dates. W-2's are not sufficient for proof of wages/income.
  - Social Security or Veteran's Administration documentation stating how much you (and/or other family members) receive each month. You should provide the award letter you received when your benefits were issued.
  - Statement of wages for anyone in the household receiving unemployment, worker's compensation, child support, alimony, pension, retirement, other interest income or any other income for yourself and / or the household.
  - If you currently do not have any income, please provide a letter of financial support from the person(s) that are currently supporting you.
- Copy of the most recent tax assessment for all real property. Included but not limited to house, land, life estate, mobile home, condominium, time-share, building, etc.
- Copy of your most recent mortgage statement listing the total outstanding loan amount from your financial institution.
- Copies of the 2 most recent statements for each liquid asset from the financial institution. Included but not limited to checking and savings accounts, certificates of deposit, annuities, trusts, mutual funds, stocks, bonds, IRA's, 401k, 403b, retirement accounts, etc. These statements must contain all pages with transactions and details.

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Your application will be denied if you do not provide ALL of the required information. If the application is denied for missing information, the patient has 30 days from the date of the rejection letter to return all requested information. If all required information is not returned timely, the application will be completely denied and the applicant will continue to receive collection actions as defined per the normal course of Tidelands Health collection policies. You must sign and date the application before consideration is made of your request. All applications will receive a fair evaluation by our Patient Financial Services department and all FAP eligible individuals will not be charged more than amounts generally billed. All decisions are final and there is no appeal process. Please note that if your account(s) are the result of a motor vehicle accident where there is a possible settlement, charity assistance will not be available. Likewise, no child under the age of 19 potentially eligible for Medicaid will be considered for financial assistance without receipt of a valid Medicaid denial letter.

You may return your application to us via fax at the number below, by mail at the following address or in person at either of the Tidelands Health hospital Business Offices:

Tidelands Health  
ATTN: Financial Assistance  
PO BOX 421718  
Georgetown, SC  
29442-1718  
Ph.: 843.520.8880  
Fax: 843.520.8403