SUBMIT COMPLETED APPLICATION TO:
MEDSTAR HEALTH
Financial Assistance Department
PO Box 411019
Boston, MA 02241-1019

or email to:
pfscustomerservice2@medstar.net

MEDSTAR FINANCIAL ASSISTANCE DATA REQUIREMENT CHECKLIST

**Please return the required documentation attached to this checklist**

A: MEDSTAR UNIFORM FINANCIAL ASSISTANCE APPLICATION

_____ Complete in full and sign attached MedStar Uniform Financial Assistance Application

B: SECTION I. FAMILY INCOME:

_____ 1) Two current pay stubs showing year-to-date income; or 4 months gross income
_____ 2) Most recent income tax return with W2s - Self-employed/profit and loss statement
_____ 3) Current Social Security Award Letters, proof of pension and/or DSS Award Letter, Workman’s Compensation, TEHMA, SSDI
_____ 4) Unemployment Benefit History Payment Statement or denial
   • Can be obtained at your unemployment office
_____ 5) Proof of child support
_____ 6) Proof of alimony
_____ 7) Copies of all other forms of income as listed on the MedStar Uniform Financial Assistance Application Section I: FAMILY INCOME
_____ 8) If claiming zero income, letter of support from person providing financial support.

C: SECTION II. LIQUID ASSETS

_____ 1) Copies of bank statements for ALL Savings and/or Checking Accounts
_____ 2) Copies of statements for ALL Stocks, Bonds, CD, or Money Market Accounts
_____ 3) If there are no liquid assets, please provide a written/signed letter stating $0 assets.

D: SECTION III. OTHER ASSETS

_____ 1) If you own your home(s), please provide:
   a. Current loan balance: $___________
   b. Current home market value: $___________

E: SECTION IV. MONTHLY EXPENSE

_____ 1) Provide copies of all unpaid medical bills for the past 12 months.

To discuss your application, please contact our office at 410-933-4966 or 1 (844) 817-6087
Monday – Friday 8:00 am – 6:00 pm.

revised 01/01/2022