



Instructional Letter For Financial Information Form

1. Please list Patient Name
2. Please list Patient Account Number
3. Please list Number of people living in household
4. Please list **Name, DOB** and **SSN** of Patient, Guarantor and any persons living in household
5. Please list any assets
6. Please list any assets with value greater than \$1,000.00
7. Please list any additional information regarding this application.
8. Please attach a copy of your **previous year** Tax Return (Income Page Only), **W2**, copy of check stubs, Social Security checks,/Disability Letter, etc.
9. Please sign and date form.
10. Please send form and requested documentation to the address listed below.

List of Needed Documents: FOR EACH PERSON IN HOUSE

- ✓ **W2 for or Tax Return for the previous year**
- ✓ **Social Security letter, proof of income, etc.**

**PLEASE ONLY SEND COPIES.
THESE DOCUMENTS WILL NOT BE RETURNED TO YOU!**

Mail To:

Baptist Health CBO
Attn: Financial Assistance Committee
PO Box 241145
Montgomery, AL 36124-1145

Please call Customer Service with any questions at **800-359-7403** or **334-273-4570**.
Thank you.