



GARDEN CITY HOSPITAL

6245 Inkster Rd.
Garden City, MI 48135
Main: 734.458.3300
gchosp.org

Date:
Patient Name:
Account Number:
Service Date:
Total Charges: \$

In order for us to consider a charity disposition on your account you must complete, sign and return the enclosed application form.

Please include all documents as requested on said form.

- Copy of ID and Social Security Card
- Proof of Income (Copies of pay stubs for the past 3 months or a letter from your employer).
- W-2 or Copy of most recent Tax return.
- Bank statements for the past 3 months.
- Income verification for Social Security, Unemployment, Disability or any Government Benefits being received.
- If unemployed and have no source of income, please send a detailed letter from person providing you with free room and board. (They will **NOT** be responsible for your bill).
- If you have an attorney, please provide name, address, phone number and case number, also provide the reason for representation, i.e. motor vehicle accident, workers compensation etc.

Your financial statement will not be evaluated if the requested information is not provided and/or the financial statement is not thoroughly completed.

If you have any question regarding this correspondence, please do not hesitate to contact us at **734-458-4436**. We are available to assist you from 9:00 A.M. to 4:00 P.M. Monday through Friday.

Sincerely

Garden City Hospital – Financial Counselor

Return completed form and income validation to:

Garden City Hospital
6245 Inkster Rd.
Garden City, MI 48135-4001
Attn: Admitting Office – Financial Counselor