



# Garden City Hospital

Member of Prime Healthcare

6245 Inkster Road  
Garden City, MI 48135  
Main: 734-458-3300  
gch.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 Road  
Garden City, MI 48135-4001

**Attn: Admitting Office – Financial Counselor**