

Bergen Regional Medical Center
Charity Care Income Criteria and Required Information
(Revised June 2013)

Patients are required to submit at least 1 document from each of the 4 categories listed below:

1. Valid identification

- Drivers License – Valid (unexpired)
- State/County ID
- Social Security card
- Birth Certificate
- **If Homeless with none of the above forms of identification - Attestation form will be completed**

2. Proof of New Jersey residency for date of service

- Utility bill for date of service
- Valid (unexpired) drivers license with current address
- Support letter (if not working and living with someone)
- **If Homeless with none of the above forms of residency - Attestation form will be completed**

3. Income Information

- If employed, must present one of the following:
 - Weekly income- Four (4) most recent pay stubs
 - Bi-Weekly income- Two (2) most recent pay stubs
 - Letter from employer on letterhead (to include beginning date of employment, hourly wage and # of hours worked weekly)
- Self employed- profit and loss statement
- Disability income (Social Security awards letter advising monthly amount received)
- Worker's Comp – Pay stubs or letter from fund must be provided. Letter must include date Worker's Comp began, hourly rate and weekly hours worked. Based on Gross Income.
- If unemployed – Unemployment statements. If receiving direct deposit, patient will need to obtain proof directly from Unemployment by calling 609-292-2460.
- Pension payments – Present most current letter from pension stating how much received and how often.
- Insurance or Annuity payments – Present most current letter from insurance or fund stating how much received and how often.
- Plan G income for that month/public assistance
- Alimony/Child support
- Rental income from rental property
- Dividends
- Monetary support (receiving financial support from friends or family)
- Letter of support if not working and living with someone.
- **Homeless not working/no income attestation can be completed with a Financial Rep.**

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4. Asset Information as of the date of service

- Bank statement for checking and savings account
- Life Insurance policy value
- 401K
- Stocks/Bonds
- I.R.A
- CD
- T-Bills
- No bank accounts- attestation will be filled out by Financial Rep.
- **Homeless no assets attestation can be filled out with Financial Rep.**

Patients that are married

- Spouses are held to the same four (4) documentation requirements as the patient
- Spouse must sign all attestations applicable to them.
- If separated, patient must present spouse ID, income and assets. If there are no financial ties then patient will need to complete an attestation supplied by BRMC.

Patients with Children

- ID (Social Security Card or Birth Certificate) is required for each minor child under 18 (if patient has custody or minor child/children).

Support Letters- Must Present One of the Following:

Pre-Printed Letter – Download the Statement of Support Assistance form. It is strongly suggested that pre-print support letters be filled out by the person providing support. Supporter must then sign and provide contact phone number. **Supporter must also provide valid form of proof of address as is noted in #2 above.**

Hand written letters- Must be dated with the date of admission, entire address with zip code, the relation of the patient to the supporter, length of residency at that address, supporter must attest that the patient does not have any income, assets, job or bank accounts and that free room and board are being provided to them. Supporter must then sign and provide contact phone number. **Supporter must also provide valid form of proof of address as is noted in #2 above.**

**Patients eligible for less than 100% Charity Care
may be required and should be prepared to pay a deposit prior to services being rendered.**

Patient's not eligible for 100% Charity Care may be eligible for Compassionate Billing Discount.

Payments methods accepted are: Cash, Check, Money Order, Visa, MasterCard, and American Express.

Questions?

Please contact the BRMC Credit and Collections Department at **201.967.4114** or **201.967.4200**

Or visit <http://www.state.nj.us/health/charitycare/index.shtml>