

GARRETT REGIONAL MEDICAL CENTER

A PROUD AFFILIATE OF



Dear Sir/Madam:

Garrett Regional Medical Center (GRMC) is pleased to offer financial assistance to individuals of our community who may need help with the payment of charges for medical services obtained at GRMC regardless of whether you do or do not have insurance.

The following information is **required** to determine your eligibility:

1. Your Medical Assistance status.

To apply for Medicaid of Maryland call (855) 642-8572 or go online at www.marylandhealthconnection.gov

You may also contact either Social Services at (301-) 533-3000 (aged, blind, disabled) or Healthy Families at (301) 334-7720.

Out of state patients may contact their local health department.

2. Your proof of income:

If you are on a fixed monthly income please include a copy of your Award Letter.

If you are Self Employed, please include either a copy of your Current Federal Income Tax form 1040 (with appropriate scheduled attached) or a copy of your paystubs for the last three months (either six bi-weekly or twelve weekly).

If you are unemployed, please include a copy of your Initial Award Letter or Webcert information.

To save time processing your application, remember to only include household members, yourself, wife/husband, children or those claimed on your Federal Income Tax form and return within 30 days. Be sure to complete the application in full (front and back) as well as sign and date the application.

Once your application is received, please allow 7-10 days for processing. You will receive a letter indicating your Care Program Application status.

In addition, we will be sending you a business card showing your eligibility ro the Caring Program. When you come into the hospital and register for services, please show the business card to the registration clerk and she will set up the Caring Program on your account.

If you have any additional questions about the completion of the financial assistance process, please do not hesitate to contact me at the number below.

Last name beginning with	A-E301-533-4213
	F-K301-533-4211
	L-R..... 301-533-4212
	S-Z301-533-4354

NOTE: Your application cannot be processed without your proof of income and Medicaid denial letter.