



Fort Washington Medical Center

11711 Livingston Road
Fort Washington, MD 20744

LETTER OF CONDITIONAL APPROVAL FOR FINANCIAL ASSISTANCE

Date:

Dear Sir or Madam:

We have reviewed your MARYLAND STATE UNIFORM FINANCIAL ASSISTANCE APPLICATION. Based on the information provided, our preliminary decision is that you qualify for:

- Financial Assistance
 - Full
 - Partial
- Payment Plan
- No Financial Assistance

In order to make a final determination, please provide us with the following information:

- A copy of their most recent Federal Income Tax Return (if married and filing separately, then also a copy of spouse's tax return, and a copy of any other person's tax return whose income is considered part of the family income as defined by Medicaid regulations).
- A copy of the three (3) most recent pay stubs (if employed) or other evidence of income of any other person whose income is considered part of the family income as defined by Medicaid regulations.
- A Medical Assistance Notice of Determination (if applicable).
- Proof of US citizenship or permanent residence status.
- Proof of disability income (if applicable).
- Reasonable proof of other declared expenses.
- No other information is necessary at this time.
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You will be notified within thirty days of our final determination. We thank you for your patience. If you have any questions or if we can be of further assistance, please feel free to call the Insurance Verification Representative/Financial Counselor at 301-203-2271 or 2154 or myself at 301-203-5401.

Sincerely,

Betty Edwards
Director, Patient Accounts