



**WESTERN MARYLAND
HEALTH SYSTEM**

Caring for What Matters Most

Enclosed is an application for the Financial Assistance Program which may help you with your hospital bills.

To determine if you qualify for WMHS' Financial Assistance Program, **we will need a copy** of the following documents:

- Two (2) pay stubs from your employer
- If you file an income tax return, you will need to provide a copy of the current return along with copies of W-2 forms
- One (1) monthly bank statement (of the current month & include all pages)
- If you receive any type of state assistance, provide proof of participation
- Award letter for Social Security, Railroad, Pension or Veteran's, if applicable

Financial assistance will not be granted for motor vehicle accidents, workers compensation or any third-party responsibility where patient requirements were not met.

If you need help completing this application or have questions, please call 240-964-8435.

Send completed application to:

Willowbrook Office Complex
Attn: Patient Financial Services
P.O. Box 539
Cumberland, MD 21502

Financial Assistance Program applications that are returned without all the required information **cannot** be processed. We are pleased to offer assistance to our patients.

Thank you for your cooperation in completing the application for Financial Assistance.



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REV 6/17/15 cmf