



4 Medical Drive  
Elberton, GA 30635  
Phone 706-283-3151  
www.emhcare.net

## Financial Assistance Application

Elbert Memorial Hospital offers The Financial Assistance Program (FAP) to eligible patients who either cannot pay, or have difficulty paying their hospital bill(s).

**FAP is NOT insurance and does NOT cover Vision, Dental, or Prescriptions.**

**Coverage for EMERGENCY or INPATIENT visits ONLY!**

Exceptions are made upon discretion of administration.

Applications for FAP are available in the **Emergency Room** at this time.

### ELIGIBILITY REQUIREMENTS:

- Household income
- Number of people living in the home
- Based on Federal Poverty Guidelines: Family income is between 0-250% of FPG

### HOW TO APPLY:

- Complete and sign application
- Provide income (social security/retirement, SSI social security disability, any other income)
- Provide employment if applicable

### ACCEPTED PROOF OF INCOME:

- Copy of check stubs
- Statement signed by employer
- Copy of income tax return
- Bank statement showing direct deposit
- Copy of Social Security letter showing amount patient receives each month

\*\*\* A FAP eligible individual can't be charged more than the Amounts Generally Billed (AGB) for emergency or other medical-necessary care\*\*\*

FAP covers **ELBERT COUNTY, GA** residents **ONLY!!**

The patient will receive **approval or denial**  
within 30 days of a completed application being received.

**Elective Surgeries and Non Emergent Procedures at Elbert Memorial Hospital are NOT covered by this Financial Assistance Program. The ER physicians will NOT be covered under the FAP.**

**THIS APPLICATION MUST BE RETURNED WITHIN 30 DAYS OF THE FIRST DISCHARGED BILL.**

Contact Aimee Kennedy, Certified Financial Counselor

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