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.

ELIGIBILTY 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 Stephanie Corsano, Financial Counselor
Phone: 706-213-2599
Fax: 706-283-8609
Email: scorsano@emhcare.net

Revised 4/30/24