



MedStar Health

**SUBMIT COMPLETED APPLICATION TO:**  
**MEDSTAR HEALTH**  
**Financial Assistance Department**  
**PO Box 411019**  
**Boston, MA 02241-1019**

or email to:  
psfcustomerservice2@medstar.net

**MEDSTAR FINANCIAL ASSISTANCE DATA REQUIREMENT CHECKLIST**

**\*\*Please return the required documentation attached to this checklist \*\***

**A: MEDSTAR UNIFORM FINANCIAL ASSISTANCE APPLICATION**

\_\_\_\_\_ Complete **in full and sign** attached MedStar Uniform Financial Assistance Application

**B: SECTION I. FAMILY INCOME :**

- \_\_\_\_\_ 1) Two current pay stubs showing year-to-date income; or 4 months gross income
- \_\_\_\_\_ 2) Most recent income tax return with W2s - Self employed/profit and loss statement
- \_\_\_\_\_ 3) Current Social Security Award Letters, proof of pension and/or DSS Award Letter, Workman’s Compensation, TEHMA, SSDI
- \_\_\_\_\_ 4) Unemployment Benefit History Payment Statement or denial
  - **Can be obtained at your unemployment office**
- \_\_\_\_\_ 5) Proof of child support
- \_\_\_\_\_ 6) Proof of alimony
- \_\_\_\_\_ 7) **Copies of all other forms of income as listed on the MedStar Uniform Financial Assistance Application Section I: FAMILY INCOME**
- \_\_\_\_\_ 8) **If claiming zero income, letter of support from person providing financial support.**

**C: SECTION II. LIQUID ASSETS**

- \_\_\_\_\_ 1) Copies of bank statements for ALL Savings and/or Checking Accounts
- \_\_\_\_\_ 2) Copies of statements for ALL Stocks, Bonds, CD, or Money Market Accounts
- \_\_\_\_\_ 3) If there are no liquid assets, please provide a written/signed letter stating \$0 assets.

**D: SECTION IV. MONTHLY EXPENSE**

- \_\_\_\_\_ 1) **Provide copies of all unpaid medical bills for the past 12 months.**

To discuss your application, please contact our office at 410-933-4966 or 1 (844) 817-6087  
Monday – Friday 8:00 am – 6:00 pm.