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# Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MRN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PATIENT FINANCIAL SERVICES**

You just completed an application for MassHealth/Free Care/Commonwealth Care. BMC will submit your application to the MassHealth Enrollment Center (MEC) on your behalf. Most applications are decided in 30 days if you provided all required documents today or if you bring them to us in the next **three (3) days**.

***(DOCUMENTS NEEDED ARE LISTED ON THE BACK)***

|  |  |
| --- | --- |
| * **Patient Financial Services**   **725 Albany Street (Shapiro Building)**  3rd floor Suite 3C  Hours of Operation:  Monday – Friday, from 8:00 AM to 5:00 PM | * **Patient Financial Services**   **850 Harrison Avenue (Yawkey Building)**  Room BR-03 Basement level  Hours of Operation:  Monday – Friday, from 8:00 AM to 5:00 PM |

**Your Application/Reference Number is #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (30 days from application date)

**Office Phone: 6**17-414-5155

**BMC Financial Counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax:** 617-414-4024 (or) 617-414-7584

**To insure prompt review of your application the following documents are needed:**

* **Proof of Household Income -** Required for every working adult household member. Valid documents include:
  + Two recent pay-stubs
  + Social Security Award Letter
  + Income tax return and schedule C (only if self employed)
  + Unemployment Compensation
* **Picture Identification** - Required for every adult household member. Valid identification document includes:
  + Driver’s License, government issued identity card with photo,
  + Draft record or military card
  + Student ID
  + Passport Photos

*(Ask about other forms of ID if none of the above is available)*

* **Citizenship Verification** – Required to verify U.S. citizenship. Documents accepted by MassHealth include:
* Birth Certificate
* Passport
* Certified Hospital Record
* **Proof of Immigration Status –** Noncitizens applying for medical assistance other than MassHealth Limited are required to provide documentation to verify immigration status, such as:
  + Legal permanent Resident card
  + Naturalization certificate
* **Asset Information** – Persons who are age 65 or older are required to provide documents to verify assets, including but not limited to the following:
  + Bank statements, (Checking and Savings accounts)
  + Life Insurance
  + Value of property owned
  + Value of vehicles

**Additional information about documentation needed to verify eligibility are listed on the back. (OVER) → → →**

|  |  |
| --- | --- |
| Required Item | **Acceptable Verification Documents** |
| **Name (Identity)** | |  |  | | --- | --- | | **All programs:**  Passport  Driver’s License | Massachusetts ID  School ID | |
| **U.S. Citizenship**  **or National Status** | **First-Level Documents:**  A U.S. passport; or  A Certificate of Naturalization  A Certificate of U.S. Citizenship  Birth Certificate  **Second-Level Documents:**  A U.S. public record of birth  A Report of Birth Abroad of a U.S. Citizen  A U.S. Citizen ID card (INS Form I-197 or I-179)  An American Indian Card  Final adoption decree showing the child's name and U.S. place of birth  Other documents created at least 5 years before the initial application for Mass Health:  Written affidavit\* |
| **Immigration Status** | Alien Registration Card (Green Card - form I-151 or I-551)  Employment Authorization Card (I-327B)  Foreign Passport  Re-entry Permit (I-327)  Visas  Document from INS (DTA identifies I-485, I-589, I-688, I-766, I-94 in addition to I-151, 551, or 327)  Letter from INS  Certification from Office of Civil Rights (OCR) that applicant is a victim of trafficking  Affidavit of an attorney  Order from an immigration judge |
| **Wage Income** | Recent Pay Stubs: 2 (weekly) – 1 (bi-weekly) |
| **Income - Other** | All Types: Most recent Federal 1040 Tax Return Form with any attachments - not accepted by DTA  Child Support or Alimony: DOR  Letter of support (see “ letter from employer” for information required)  Letter from Employer which must include: Applicant’s name; date of hire; amount of pay and frequency of  paycheck, (weekly/bi-monthly/monthly); and employer’s name and contact information.  Pension or Annuities: Photocopy of award letter or check stubs.  Public Assistance: EAEDC, RRP or  Rental income: tax bill, owner's insurance, water, and sewerage bills  Unemployment Compensation:  Veteran Benefits:  Worker’s compensation:  Public Assistance: EAEDC, RRP or TAFDC - copy of award letter  **For PERSONS AGED 65 or older**: Copy of lease agreement, canceled check, or statement  from tenant showing amount of rent paid, mortgage statement showing principal and interest |
| **Self-Employment Income** | Signed copy of most recent Federal 1040 Tax  Letter from Employer to include the following information for verification:  Date of Hire; Rate of Pay; Average hours worked each pay period and frequency of paychecks,  (weekly, bi-weekly, or monthly); Employer’s name, business address, and business phone number. |
| **Assets (Over 65 years old only)** | |  |  | | --- | --- | | Bank Statement(s)  Stocks, Bonds, Mutual Funds, Etc.  Property Value | IRA’s & Keough’s  Trust Funds  Life Insurance(s) | |
| **Health Insurance** | Copies of both sides of all health insurance cards  For Housing only, copy of health insurance bill and cancelled checks |
| **HIV Positive Status** | Letter from a doctor, qualifying health clinic lab, or AIDS service provider or organization, indicating  applicant's name and HIV positive status |
| **Disability** | Certificate of legal blindness by the Massachusetts Commission for the Blind  Determination of disability by Mass Health’s or DTA's Disability Determination Unit  Doctor’s note (with diagnosis) - not accepted by Mass Health |