

Financial Assistance For Medical Care

Thank You For Choosing
Jackson Health System.

Please call **305-585-6000** to obtain an
outpatient clinic appointment.

- If your main health insurance company is an HMO (Health Maintenance Organization) or a PPO (Preferred Provider Organization), you may need to have authorization or pre-certification from your primary care doctor before you come to your appointment. Please give that authorization or pre-certification number to the person who makes your appointment when you call.
- If you are uninsured or seeking financial assistance, please request a Financial Assessment Appointment when you call.

Please make every effort to bring the information listed in this brochure (and any additional information that is requested) for all members of your family unit to your Financial Assessment Appointment.



Jackson
HEALTH SYSTEM



Information Needed For Your Financial Assessment Appointment

We believe that every person living in Miami-Dade County has a right to health care that they can afford. To determine if you qualify for any of our medical financial assistance programs, we ask for information that explains your citizenship/residency, gross income, size of family unit, and that you have lived in Miami-Dade for at least 90 days.

Financial Assessment Locations

You can have your appointment at any of these convenient locations when scheduling your financial assessment:

- Dr. Rafael A. Peñalver Clinic
971 N.W. 2nd Street, Miami
- Jackson Memorial Hospital
1611 N.W. 12th Avenue, Miami
- Jackson South Community Hospital
8950 S.W. 152nd Street, Suite 104, Miami
- Jefferson Reaves, Sr. Health Center
1009 N.W. 5th Avenue, Miami
- North Dade Health Center
16555 N.W. 25th Avenue, Miami Gardens
- Rosie Lee Wesley Health Center
6601 S.W. 62nd Avenue, South Miami

Personal Identification (Photo IDs)

Please bring the following photo IDs for each family member of the household:

- Driver's license
- Official Florida ID
- Passport
- Other valid ID
- Social Security Card (you must still present picture identification)

If you are enrolling a minor under 18 who is not your child, you must have proof of legal guardianship.

Proof That You Live In Miami-Dade County

Please bring:

- Two current documents with your name and address dated within 30 days
- One document with your name and address dated greater than 90 days

The following documents may be used to meet the above requirements:

- Voter registration card
- Florida driver's license, valid Florida identification card or other ID card showing a Miami-Dade County address or vehicle registration in the name of the patient, spouse or partner
- Mortgage or lease dated at least 90 days prior to appointment date. If the home is paid in full, bring a deed or a mobile home title and registration
- Letter from landlord with monthly amount paid for rent and supporting documentation (e.g. utility bill, etc. in the landlord's name) to show proof of ownership
- Water, electric, telephone or other utility bill in the name of the patient, spouse or partner showing the current home address
- A letter from the government mailed to the patient's home address
- Proof of school enrollment for children living in the home
- Recent historical record of Miami-Dade County residence documented through a county department's case record
- Other documents that provide evidence that the patient lives in the county

Looking For Possible Funding?

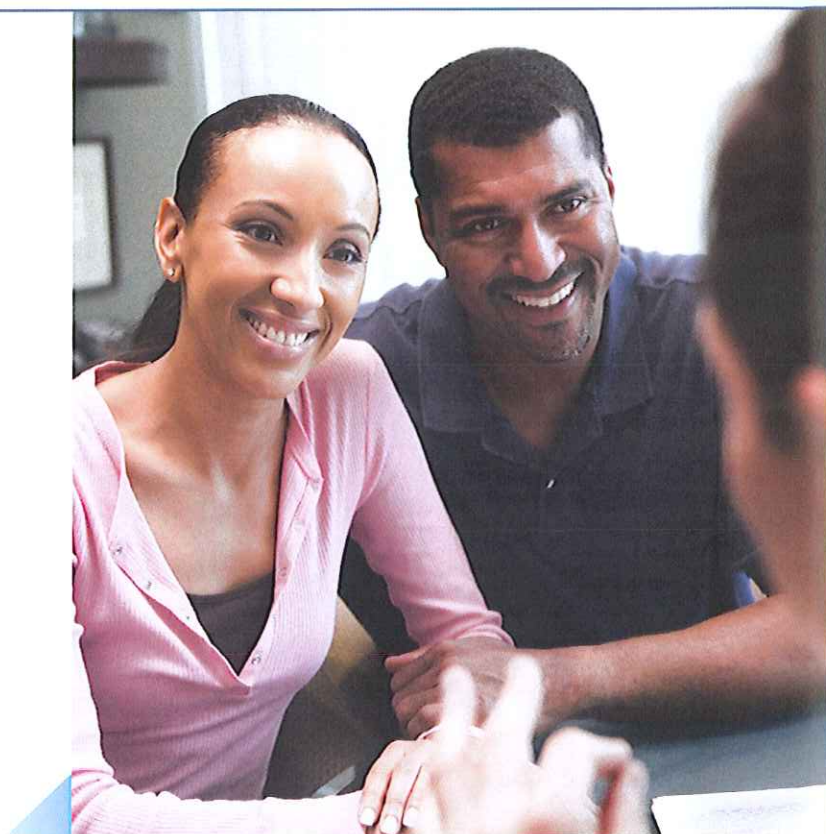
Proof that you live in Miami-Dade County and proof of your income are used to determine your responsibility and ability to pay. Your answers to any questions we ask related to immigration status will be used **only** to find any special programs that may help you pay for your care.

This information is confidential and will not be reported to Immigration & Naturalization Service (INS) or any law enforcement or customs agency.

Please bring the following information that applies to you:

- Current U.S. passport or other country passport (active or expired)
- Voter registration card
- Birth certificate for applicant and all family members
- Naturalization papers
- Any INS forms, or other correspondence (active or expired)
- Resident alien card
- Religious visit records
- I-94
- Employment Authorization Card
- Permanent resident card

JHS CareCard discount services are available only at Jackson Health System facilities. Not all services offered at Jackson Health System are covered by the JHS CareCard. For services covered, only JHS facility costs are included and not the physician's bill.



Important Numbers

Outpatient Appointments

You can make an outpatient clinic appointment by calling the Jackson Health System Appointment Scheduling Center at **305-585-6000**.

Financial Classification

If you have additional information, or your financial situation changes and you think it might change your financial classification, please call for a financial re-evaluation appointment at **305-585-6000**.

Customer Service/Patient Billing

If you have questions about a Jackson Health System bill you received in the mail, please call our Customer Service Department at **1-877-881-6177**.

Information

For more information concerning our enrollment process, please call the Jackson Health System Financial Assessment Department at **305-585-2222**.



Proof Of Income

- Gross income for the last 30 days of each wage earner in the family
- Most recent income tax form(s). If self-employed, bring IRS Schedule C (Net Income) and/or work calendar
- Letter from employer on company letterhead verifying gross weekly, bi-weekly or monthly income
- Pension statement or check stub
- Social Security award letter
- Proof of rental income
- Unemployment Compensation income
- Worker's Compensation income
- Child support and alimony income
- College scholarships and grants

General/Public Assistance

- Miami-Dade County Public Welfare
- Food stamp verification letter
- Homeless shelter or rehab center referral
- Letters from Department of Children and Families (DCF)

Insurance/Annuity Payments

- Dividend interest income

Other Important Information

- Proof of current monthly expenses within 30 days (rent or mortgage receipt, car payment, loan payment, credit card, utilities)
- Proof of application or benefit denials for unemployment compensation, Medicaid, Social Security, disability, public assistance, etc.
- Proof of dependents (such as tax return, birth certificate or legal guardianship)
- Bank or federal deposit verification and statement
- Marriage certificate or divorce documents
- Social Security card

Third party support and verification statement must be completed and notarized if you receive support and/or room and board from a family member or friend. Form is available at www.jacksonhealth.org/patients-financial-assistance.asp