Makana Health

MAKANA HEALTH
9876 UNIVERSITY AVENUE
AUSTIN, TX 78710-3730

CHARITY APPLICATION

Today's Date: _____
Patient Name: _____
MRN: _____

Thank you for choosing Makana Health for your health care needs. We have received your request to be evaluated for possible financial assistance with your medical bills. The items listed below are required in order to complete a review and determine your eligibility to qualify for assistance. Please return the information and/or documentation requested within 2 weeks from the date of service, date of discharge, or the date you applied for financial assistance.

Items Need:

_____ Copy of last year's 1099 forms, W2 forms, and/or tax returns
_____ Copy of household monthly income (check stubs, pay advices, unemployment printout, profit/loss statement for self-employment, SSI Benefit Letter, etc.)
_____ Copy of your bank statements for the past two months (patient, spouse, both parents – if patient is a minor)
_____ Copy of your government issued photo ID (driver's license, state ID card, Visa/Passport)
_____ Proof of Exemption or Denial of insurance coverage through Affordable Care Act.
_____ Copy of retirement account statement: i.e., 401K, 403B, IRA, etc. (patient, spouse, both parents – if patient is a minor)
_____ Other / Explain: Statement of Income/Housing, State Residency Declaration Form

Please feel free to call (888)555-5555 if you have any questions. Our business hours are: Monday through Friday, 8am to 7pm; Saturday, 8:30am to 1pm.

Return all documentation to:
Makana Health
ATTN: Patient Accounts
9876 University Avenue
Austin, TX 78710-3730