



615-666-2147

### **FINANCIAL ASSISTANCE PROGRAM**

**Please submit the following to Macon Community Hospital Business Office within 7-10 business days:**

- **Paycheck Stub**
- **W-2/TAX RETURN**
- **Bank Statements**
- **Proof of Food Stamps**
- **If you are not employed, please provide a letter from the person helping you in your time of need.**
- **If you receive Social Security Income, please provide a copy of your letter**

**Please submit all the above documentation that applies to you. This will assist in determining if you qualify for other discounts/programs.**

**If you do not comply, you must call Macon Community Hospital Business Office to setup payment arrangements.**