



# Wills Eye Hospital

## PROOF OF INCOME AND RESIDENCY

Manual: FINANCE  
Chapter: GENERAL  
Policy Number: 9.1.7  
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Effective Date: 8/1/2013

### **SCOPE/PURPOSE**

This policy is applicable to all Wills Eye Hospital patients who are applying for charity care.

### **POLICY**

1. Proof of Income and Residency can be substantiated with the following items when applying for Charity Care or Partial Charity Care
  - a. Medicaid denial letter
  - b. Income tax forms – 2 years
  - c. Photo identification
  - d. List of household members
  - e. Proof of residency – Commonwealth of Pennsylvania
  - f. Proof of Income – Check Stub, W2, employer letter.

Executive Officer