

Documents Needed To Process Your Application

Attach documentation (if not previously submitted) on your identity, income and assets:

1. ___ Your driver's license, birth certificate and/or other picture ID or alien card
2. ___ Three most current pay stubs
3. ___ Bank/Credit Union statements for current month and two previous months (checking and savings if applicable)
4. ___ Social Security Income (SSI) award letter for current year
5. ___ Appraisals or ownership documents for property, motor vehicles, stocks and bonds, jewelry, life insurance and items of value; and provide verifications of any balance due
6. ___ Receipts for rent and any expenses

NOTE:

- ***If married, patient and spouse are required to sign the Discounted Care Policy Application and verifications are required for both.***
- ***Applications are accepted at each hospital location.***
- ***Mail completed application and verifications to:***

***The Queen's Medical Center, Attention Business Services
P.O. Box 861, Honolulu HI 96808-0861***

***The Queen's Medical Center West Oahu
91-2141 Fort Weaver Road, Ewa Beach, HI 96706***

***Molokai General Hospital
280 Home Olu Place, Kaunakakai, HI 96748***

***North Hawaii Community Hospital
67-1125 Mamalahoa Highway, Waimea, HI 96743***

I certify that the above is true and correct and is a complete list of all income/assets and expenses/liabilities. You are authorized to obtain such information as you may require to verify the accuracy of the above statements and representations. I understand that any intentional omissions of information will disqualify me from any Discounted Care Program offered by the Queen's Medical Center or subject me to legal action to recover discounted care already approved.

PATIENT SIGNATURE

DATE

PATIENT SPOUSE/OTHER RESPONSIBLE PARTY SIGNATURE

DATE