

Dear Applicant,

Attached you will find the Goodall-Witcher Healthcare Financial Assistance Application. Completion of this application will enable us to consider your medical expenses at Goodall-Witcher for financial assistance. **IN MOST CASES, OFFICE VISITS AND PREVENTIVE CARE WILL NOT BE COVERED**

We understand your desire for privacy. Accordingly, the information you include with your application will be treated as confidential information. It will be available only to the Financial Assistance Program personnel on a need-to-know basis.

The application and documentation **must be returned within 15 days** to Goodall-Witcher Healthcare Eligibility Office. A self-addressed, stamped envelope is provided for your convenience. If you have difficulty filling out the application or have questions regarding the program, please call 254-675-8322 (ext. 7305). Your cooperation is appreciated. The list of documentation that is needed is listed below:

- ☐ Proof of Income (Recent and Consecutive)
 - Employed: Two (2) months' paycheck stubs or letter from employer
 - Self-Employed: Three (3) month ledger (gross income)
- ☐ IRS Form W-2/1099
- ☐ 2025 Full Tax Return
 - *If you cannot provide a tax return, you must provide a written letter explaining why you are unable to submit a tax return.**
- ☐ If not working, a letter of support from individual/company providing the support.
- ☐ Recent Supplemental Security Income (SSI)/Social Security Disability Income (SSDI)/Retirement Award Letter
- ☐ Last 3 months' detailed bank statement for all checking/savings accounts (*ATM receipts will not be accepted*)
- ☐ Photo ID
- ☐ Food Stamp Award Letter (if applicable)
- ☐ Other Resources (Child Support, 401K, IRA, Stocks, Bonds, etc.)

Thank you for choosing Goodall-Witcher for your healthcare needs.

Sincerely,

Eligibility Specialist
Goodall-Witcher Healthcare