

Charity Care Program Requirements

The charity care program, provided by all Novant Health Affiliates (“Novant Health”), allows qualified low-income patients to receive free care for emergency or medically necessary services (elective services are not included). **Charity care is not health insurance.**

Eligibility Criteria

- Patients must live within the Novant Health catchment area
- Patients ineligible for health insurance coverage through an employer, spouse’s employer, school, Medicaid, Medicare, worker’s compensation, veteran benefits, etc. with a household income no more than 300% above the federal poverty line
- Patients eligible for health insurance coverage through an employer, spouse’s employer, school, Medicaid, Medicare, worker’s compensation, veteran benefits, etc. with a household income no more than 200% above the federal poverty line
- Patients eligible for health insurance through their spouse’s employer; however, their spouse will not add them to their health coverage due to extenuating circumstances (ie. domestic violence, legal separation, etc.), must have a household income no more than 300% of federal poverty line
- Patients who have health insurance with a “high deductible” plan and copays, must have a household income no more than 200% of federal poverty line. Coverage must be e-verified prior to approval

Please provide copies of all applicable documentation below.

If you are employed:

1. Copies of a month’s worth of pay stubs (i.e. 2 pay stubs for bi-weekly pay, 4 pay stubs for weekly pay) or an employment verification letter (letter must have the name of the company you work for; your employer’s name; your employer’s contact number; a statement that you are currently employed; how much you are paid hourly/salary).
2. Most recent two bank statements (include all pages) of ALL active bank accounts and/or prepaid accounts inside or outside of the United States.
3. Most current income tax return (include all pages)
4. A letter from your employer stating the company does not offer either health insurance or that you are ineligible for health insurance due to your employment status (letter must have the name of the company you work for; your employer’s name; your employer’s contact number).

If you are self-employed:

1. Proof of monthly income
2. Most recent income tax return (include all pages)
3. Last two bank statements (include all pages) of ALL active bank accounts in or outside of the United States

If you are unemployed

1. Proof of supplemental income (e.g. unemployment check or letter, Social Security Disability letter, AFDC, worker compensation benefits).
2. Most recent income tax return (include all pages)
3. Last two bank statements (include all pages) of ALL active bank accounts and/or prepaid accounts in or outside of the United States.

If you are married and still living with or supported by your spouse, you must provide ALL applicable documents for your spouse as well.

ALL patients are required to provide a letter of support if there is someone else assisting with their cost of living.

IMPORTANT: If you are unable to provide any of the requested information please be prepared to provide a written statement regarding your circumstances.

Please note patients are responsible for all charges related to visits until approval.

If you have any questions, please contact