

Richmond University Medical Center

Medicaid/FAS Department
Rep: _____

Please return the envelope for
proof of residency.

Date: _____

Account#: _____

Patient's Name: _____

Date of Service: _____

**THIS IS NOT A BILL. ESTO NO ES UNA CUENTA.
THIS IS A REQUEST FOR MEDICAL ASSISTANCE DOCUMENTATION.**

Please bring the following documents with you in order to process your Medicaid/FAS application. We will be on **the lobby level, RM# G69A** from 8:00am to 6:00pm Monday thru Friday. Please call to set up an appointment to bring in documents. All documents must be ORIGINAL only. All documents must be reviewed by the Medicaid Consultant that is working your case.

Necessary Documents: *Please submit all. Original ONLY.*

- **Proof of Identification**-Birth certif., Passport, Driver's license, State ID, Old Medicaid card, Social Security card, Marriage Certificate
- **Proof of Citizenship/Alien status**-Resident Alien Card/Green Card, US passport
- **Proof of New York Residency**-Utility bill, recent mail addressed to you with post office mark.
- **Bank Statement**-most current statement
- **Rent Receipt**
- **Pay Stubs**-4 if paid weekly/ 2 if paid bi-weekly (every two weeks)
- **Letter of support**-from the person providing sleeping accommodation, meals, no cash.

Favor de traer los siguientes documentos para poder procesar su aplicacion de Medicaid. Estamos en la oficina Lunes a Viernes de 8am-5:30pm.

- **Identificacion**-Certificado de nacimiento/fe de bautizo, licencia de manejar, pasaporte, Certificado de matrimonio, Tarjeta de seguro, Tarjeta de numero social
- **La prueba de la Ciudadania/la posicion Extranjera**
- **La prueba de direccion**-la factura de utilidad, Carta enviadas por correo en su nombre.
- **Estado de Banco**-Actual estado de cuenta
- **Recibo de renta**
- **Recibos de ingreso**-4 pago semanal o 2 si su pago es cada dos semanas. Una carta del centro de hospitalidad de 1546 castelton ave.
- **La Carta De Apoyo/con direccion de la domicilio**

Please call 718-818-2289/718-818-2290/718-818-2361/718-818-4572 for an appointment.

NOTE: If you do not apply your account will be closed and sent to a collection agency, and you will then be responsible for the bill.