



The Good Samaritan Clinic of Haywood County

34 Sims Circle
Waynesville, NC 28786

828-454-5287
828-454-5996 (Fax)

Screening Letter

Date _____

Patient Name: _____

Your appointment for eligibility requirements is _____.

If you have Medicaid all you will need to bring to this appt. is your Medicaid card and proof of identity, and the two COMPLETED FORMS.

This is a screening appt. It is not an appointment with our doctors.

The reason for this appt. is to see if you qualify financially for the GSC/ to become familiar with GSC policies. If you do qualify the appt. will be scheduled for a future date with one of our providers.

Enclosed are two forms: health history form and patient information form. Please complete these forms and bring them to your appointment. If you do not have these forms completed at the time of your appointment the intake appointment will be rescheduled.

If you do not have Medicaid the items you will need to bring to this appt. are as follows:

- Proof of identity. (Drivers license, birth certificate, SS card, state ID, or voter registration).
- Proof of address. (Drivers license, current utility bill with name/address, bank statement with name/address,
- Proof of residence. (Current rent receipt, lease agreement, mortgage statement with the address, your name and your landlord's name and address. Letter from employer if same provides housing. If you are homeless, your shelter must give us a letter, on letterhead, stating that you do stay there.
- Proof of income. Every working member of the household must produce proof of income, such as: Federal tax return for the last year, and a copy of the last pay stub or evidence of disability/retirement payments.
 - Choose one below:
 - Copy of last two pay stubs. If you have direct deposit for these checks, you must provide a bank statement.
 - If you are paid in case, a verification of employment form must be completed and signed by your employer. We may call the employer to verify your information.
 - If you are self-employed, bring your accounting books or a record of state tax sales revenue for the past year.
 - If you have no income, we require a letter of support for the person who provides food and shelter for you. In addition, that person must provide proof of income.
 - If you are recently unemployed, bring your last two pay stubs and information about unemployment compensation you will be receiving.
 - If you are living on savings you must provide three of your most recent bank statements.

If you do not have **ALL** of the required items at your appointment you will be rescheduled. This will delay your appointment as a new patient. If you have questions please call me at 454-5287.

Thank you,
Louise Goss, CMA

Mailing Address:				
City and State:			Zip Code:	
Home Phone:		Emergency Contact:		
Work Phone:		Emergency Contact #:		
Cellular/pager:		Pharmacy:		
Social Security #:		Occupation:		
Date of Birth:		Employer:		
Sex:	M F	Employer phone#:		
Marital Status:		Employer address:		

Do you have medical insurance including Medicaid or Medicare or Private Insurance?	YES _____ No _____
--	--------------------

2. Provide information for all other household members.

Name	Date of Birth	Relationship

3. Living Situation:

Rent: house ___ apartment ___ lot ___ **Own:** house ___ mobile home ___

Live in a shelter: where? _____

Homeless: car _____ street _____

Stay with a friend/relative:

Who _____ how long _____

