



HEALTH CARE PARTNERS OF SC, INC.

123 E. Broadway St.
Johnsonville, SC 29555
843-386-3573
Fax: 877-322-0181

243 Singleton Ridge Rd.
Conway, SC 29526
843-248-4700
Fax: 877-322-0181

1608 N. Main St.
Conway, SC 29526
843-248-4700
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145 Palmetto Pointe Rd.
Marion, SC 29571
843-423-2400
Fax: 877-322-0181

- Picture ID with date of birth.
- Proof of residence with street address (utility bill, telephone bill, etc.).
- Proof of income: (1) Two most recent pay stubs, or (2) If paid in cash only, then:
 - a. Letter from employer must include address of place of employment
 - b. Statement of gross income for each pay period
 - c. Weekly hours and Hourly pay
- Most recent income tax returns.
- Social security/updated disability statement within the last 12 months.
- Retirement statement.
- Updated alimony or child support statement.
- Unemployment statement (required even if no benefits are available and you are unemployed).
- If covered by health insurance (i.e., Medicaid, Medicare, etc.) provide a copy of the insurance card.
- No income but receiving support for living expenses:
 - a. Statement for the amount of support received.
 - b. Other income, such as rental annuities, or other forms of proof of income.
- List members who are part of the household beginning with the person responsible for payment of the patient's account.
- Exceptions to determining *family size:
 - ✓ Prevention of homelessness: In the event a related (by birth, marriage, or adoption) family member resides, but does not earn any income, and the sole purpose of the family member residing in the house with relatives is to prevent homelessness, their family members will not be counted as family size on the application. In this situation, the family members do not have a shared financial responsibility. The patient would be required to complete Application Attachment/No Source of Income of the application.
 - ✓ "Common-law relationship": Live-in-common law spouses, boyfriends, or girlfriends will be included as a member of the family on the application.
 - ✓ Patient or head of household must provide a copy of their most recent year's Federal IRS Form 1040 or two (2) of their most recent pay stubs, child support, unemployment benefits, and/or social security benefits. If no pay stubs are available, an applicant's employer must provide a letter indicating current gross income for each pay period. Income is defined as gross annual earnings (i.e., before taxes) for all members of the family from all sources including salaries, unemployment, retirement payments, social security, child support, alimony and earnings from self-employment or taxable income per IRS tax form 1040.

*(*A family is defined as anyone receiving more than 50% of their support from a head of household, whether living within the same household or not. Students must produce income proof from family members providing more than 50% of their support. The family size is defined by the number of family members in a household as defined by the Internal Revenue Code. Meaning that if the individual is included in the tax return, that individual is a family member. Family members are persons related by birth, marriage, or adoption who reside together and have a shared financial responsibility. Unrelated individuals, even in the same house, are considered to be separate families.)*

Should you have any questions or concerns, please contact: Tatiana Villamizar *

1604A N. Main St., Conway, SC 29526 * Direct Line: 843-488-6353