

Jackson Prime
Financial Assistance Program Summary

Jackson Health System offers various options for individuals requiring financial assistance for healthcare services received at one of our facilities. The amount of financial assistance you may receive varies based on your income, family size, and county of residence. Below is a summary on how to apply and the documents required to complete the eligibility review process:

How to Apply

You may schedule a financial assistance appointment by contacting (305)585-6000.

Financial Assessment Center Locations:

**Jackson Memorial Hospital
1611 N.W. 12th Avenue
Miami, FL 33136
Ambulatory Building West
Room 127**

**Jackson South Medical Center Outpatient
8950 S.W. 152 Street, Suite 146
Miami, FL 33054**

**North Dade Health Center
16555 N.W. 25th Avenue
Opa-Locka, FL 33054**

**Rosie Lee Wesley Health Center
6601 S.W. 62nd Avenue
South Miami, FL 33143**

In addition, you may also submit a completed financial assistance application along with supporting documents to the following:

**Fax: (305) 355-1524
Email: FinancialAssessment@jhsmiami.org**

DOCUMENTS FOR JACKSON PRIME CARD

REQUIRED PROOF OF MIAMI-DADE COUNTY RESIDENCY DOCUMENTS

- Florida Driver's License or Florida ID with Miami-Dade county address **and**
- One official document with your name and address dated greater than 90 days (must be a Miami-Dade county address) **and**
- One official document with your name and address dated within 30 days (must be a Miami-Dade county address) **or**
- Declaration of Domicile (if you do not have an official document listed in your name)
- Jackson Health System Third party support statement (if you are living with someone else, and you are not obligated to pay rent)

REQUIRED PROOF OF CITIZENSHIP (please provide **one** of the following)

- US Passport **or**
- Certificate of Naturalization **or**
- Birth Certificate **or**
- Voter Registration Card

REQUIRED IMMIGRATION STATUS

- Resident Card (if you do not have a ***Resident Card***, then you must provide all of the documents below)
- US Work Permit **and**
- An official identification document from your country **and**
- Passport from your country of birth **and**
- I-94 Visa card

REQUIRED IDENTIFICATION (please provide **one** of the following)

- Government official ID **or**
- Passport

OTHER REQUIRED DOCUMENTS (please provide **all** of the following)

- Social Security card
- Marriage certificate (If applicable)
- Federal Income Tax (Last filing within a year)
- Divorce Decree (If applicable)
- Referral from an approved Miami Dade Homeless Shelter (If you are homeless)

OTHER ACCEPTED DOCUMENTS (please provide **one** of the following, if you have children)

- Dade-County School schedule & Financial Aid award letter
- Birth Certificate for children (if you have children)
- Department of Children & Family Notice of Case Action letter (within 30 days)
- Department of Children & Family Notice of Case Action food-stamp letter (within 30 days)

REQUIRED ASSETS

- Bank Statement: Checking and Savings account (within 30 days)
- Money market, Stocks, Bonds, Life insurance w/cash values, 401k, 403b, IRA and any other assets that you may have that's not listed.
- Title of: any Property or car(s)

REQUIRED PROOF OF INCOME (please provide one or more of the following if applicable)

- Weekly Income: Last four consecutive pay stubs (within 30 days)
- Bi-Weekly Income: Last two consecutive pay stubs (within 30 days)
- Self-Employed: Letter of weekly income (Jackson Health System employment verification statement within 30 days)
- Letter from Employer of weekly gross pay (within 30 days) (If you do not receive paystubs please provide this letter)
- Income Tax Return (Last filing within a year)
- Income from Unemployment Compensation (within 30 days)
- Income letter from SSI or SSA (If you are retired please provide the most recent Cost of Living Adjustment (COLA) award letter within the year)
- Pension Income and/or Retirement Income (If you are retired please provide the most recent award letter within the year)
- Child-Support Income and TANF income (if you are receiving) (within 30 days)
- Proof of any Rental Income (within 30 days)
- Proof of Sponsor's income (Only applies if were sponsored into the country more than 5 years ago, or proof that you have not earned 40 quarters from Social Security)
- Jackson Health System Third party support statement (if you are receiving financial support from another person)

REQUIRED EXPENSES (please provide all of the following if applicable)

- Mortgage: Mortgage statement (within 30 days) and
- Association fees (within 30 days) or
- Property Deed and
- Insurance and Property taxes or
- Rent: Rent receipt (within 30 days) and
- Lease agreement (within a year) or
- Letter from Landlord (within 30 days) and
- FPL bill, Phone bill, Cable Bill, Streaming subscription, and/or Water bill (within 30 days) and
- Any Major Credit card bill (within 30 days) and
- Monthly car statement and Car Insurance Policy (within 30 days) and
- Cell Phone Bill (within 30 days)
- Free rent (Third party form required)