

# Gateways Hospital and Mental Health Center

## CHARITY / DISCOUNT CARE ELIGIBILITY DETERMINATION

GENERAL					
Guarantor Name:					
Address:					
City:	State:	Zip:	Country:		
Phone (     )	How Long at this address?				
Method of Verification:	Power bill	Water bill	Drivers License	Other	
Previous Address:					
Eligibility Requirements for Charity or Discount Care					
Social Security Number:			Date of Birth:		
Place of Employment:					
Length of Employment:					
if not employed, what is your source of income?					
Gross income per month:			Number of dependents:		
Spouse's Name:					
Spouse's Place of Employment:					
How long:					
Gross income per month:			Total Gross Income per month:		
Verified by tax return: (year)			Do you have health insurance?		
If so what type of insurance _____ and with whom?					
Effective Date:			Is a copy of card available?		
MEDICAL ELIGIBILITY					
Have you applied for Medi-cal or any other government assistance Y or N      If so when?					
Were you denied assistance? Y or N      If denied why?					

Applicants Signature:	Date:
Applicants Signature:	Date:

ATTENTION: If you need help in your language, please call 1-323-644-2000. or visit Gateways Hospital & Mental Health Center. The office is open Monday to Friday 8:30pm to 3:30pm and located at 1891 Effie St. Los Angeles, CA 90026. Aids and service for people with disabilities, like documents in braille, large print, audio, and other accessible electronic formats are also available. These services are free.