



800 Beacon Street  
Waycross, GA 31501  
Phone: (912) 287-4434  
Fax: (912) 287-9964

Dear Prospective Patient,

Thank you for contacting Kingdom Care. All of Kingdom Care's services are provided **by appointment only** and by volunteers and are primarily intended for the working uninsured. When you call us, expect to leave a **clear** message and know that we will return your call as soon as possible (usually within 48 to 72 hours). **Our physicians are not on call and they see patients by appointment only.** More and more people are asking for Kingdom Care's help so please expect some wait time for appointments for eligibility screening and for all medical, dental and vision care appointments.

In order to determine if Kingdom Care can help meet your needs, financial documentation is required. Kingdom Care's services are available for the working uninsured residents of Atkinson, Bacon, Brantley, Charlton, Clinch, Pierce, Ware, or Wayne County who have a household income at or below 200% of the federal poverty level and are not eligible to receive Medicaid, Medicare, work-related benefits or other coverage. If you have recently lost employment and are actively seeking work, we **may** be able to help you with your healthcare needs. People actively seeking disability status **may** be eligible for some Kingdom Care services. We expect all patients to keep us informed of any changes in their financial and work situations. Our clinic and physicians **do not** fill out any disability paperwork and will not be able to help you in this process.

**Mail copies of the following information to our office.** After your information has been reviewed, we will call you to schedule your eligibility appointment. In order to avoid delays in this process, **PLEASE MAKE SURE TO INCLUDE A RELIABLE PHONE NUMBER AND ALL OF THE FOLLOWING INFORMATION.** ***Your eligibility appointment will not be scheduled until all of the required documents have been mailed to the office. The information you send to us that is not used (because we cannot get in touch with you or because the eligibility process cannot be completed) will be shredded after two months from the date we receive the information.***

1. **Proof of income:** Mail the following documents that apply to you and others in your household with income:
  - a. Pay checks or pay stubs (last four)
  - b. Last year's tax return (form 1040)
  - c. Social Security statements (form 1099)
  - d. Supplemental Security Income (SSI) statements
  - e. Statement from any public assistance (not from assistance provided through DHR)
  - f. Letters from relatives or organizations (such as Salvation Army, churches, etc.) that provide money, shelter, or food for you. The letter must include current date, dollar amount of the contribution, and signature of person writing letter.
  - g. Log showing active job search, if unemployed (validated with date of interview, business and signature of interviewer). This job search log is to be ongoing and will need to be submitted at regular intervals.
2. **Proof of residency** in service area (6 months residency requirement)
3. **Picture ID**
4. **Letter from employer** of each household member that is employed stating that you are not offered or covered under any employer insurance plan.

If you are unable to keep your qualifying appointment once it has been scheduled, you must call the clinic at **912.287.4434** to cancel. Please remember, if you do not keep this appointment and you have not called to cancel, you may not be allowed to schedule another appointment for 3 months. You will be given a doctor's appointment, as needed, only after the qualifying process is completed.

Plan to be at this appointment for a couple of hours. **Bring ALL medications you are currently taking, including non-prescription to your qualifying appointment.** If you must bring children with you, please arrange to have another adult supervise your children in the lobby while you are at your appointment.

Thank you for your cooperation.

Revised: 5/24/18