PBF PRE-QUALIFICATION DOCUMENT CHECKLIST

Please submit the documents that apply to your situation. PBF may request additional documentation when necessary.

Identity

US Citizens
- Government-issued driver's license and Social Security Card; or
- US Passport

Legal Residents
- Permanent Resident Card
- Driver License/Government Issued ID Card
- Social Security Card

Legal Visitors
- Foreign passports that contain a valid US Visa and
- Proof of identification from the visitor's legal guardian- US Passport or Driver License and Social Security Card

Household

(1 item required; additional documentation may be required on request)
- Married requires income verification of spouse
- Separated requires notarized letter of separation with documentation of separate address for 2 years
- Official household records
- Guardianship/conservatorship documentation, if applicable
- School records or transcripts, if applicable

Residency

- Utility bills from past 3 months
- Lease or rent statement/receipt; or
- Mortgage receipt or statement from Mortgage company

Note: A P.O. Box alone may not be sufficient to establish physical residency.

Income

(1 item required; additional documentation may be required on request)
- Most recent federal income tax return***(required)***
- Last 4 payroll check stubs **(required for employed)**
- Bank statement from past 3 months (checking and savings account) ***(required)***
- Employer verification letter
- Unemployment award letter or denial
- Social Security/SSI/SSDI award letter
- Retirement or pension documentation
- 1099 income documentation
- Self-employment or informal income records
- Court order for child support or alimony
- Workers' compensation documentation
- Other reliable income documentation

Insurance/Coverage

(Applicable only if the patient has insurance)
- Current insurance card
- Insurance denial or limitation letter
- Documentation of patient out-of-pocket responsibility
- Pending appeal documentation
- Medicaid/Medicare or other coverage determination

Surgery and Medical Documentation

- Physician or surgeon recommendation
- Documentation describing the procedure or condition
- Itemized estimate of the full surgery cost ***(if applicable)***
- Facility/hospital estimate ***(if applicable)***

Other Financial Assistance

- Determination letters from other assistance organizations
- Public-benefit determination letters
- Settlement or insurance documentation
- Documentation of other assistance received or requested

If you cannot provide a requested document, explain why and identify any alternative documentation available:_____

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