

# APPENDIX E

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## Medical Bills

Do you, your spouse or children under the age of 21 need help paying medical bills for services received during the last three calendar months?       Yes       No

If yes, please provide a copy of the medical bills from the last 3 calendar months.

**\*If you do not have copies of your medical bills, please fill out the chart below.\***

<b>◆ Tell us about your medical bills.</b>		
<b>Who owes the bill(s) Please give us the Patient's name</b>	<b>List the name of the doctor, clinic, hospital, telephone number and city where treated</b>	<b>Date of medical treatment</b>

 **NEED HELP WITH YOUR APPLICATION?** Contact your County DSS (<http://www.ncdhhs.gov/dss/local/>) or call us at 1-800-662-7030. Para obtener una copia de este formulario en Español, llame 1-800-662-7030. If you need help in a language other than English, call 1-800-662-7030 and tell the customer service representative the language you need. We'll get you help at no cost to you. TTY users should call 1-800-452-2514.