Financial Assistance Program — 2026 Application

You must have an outstanding balance with Carteret Health Care to apply for this program.

This program is open to all patients — with or without insurance. Find the section below that matches your situation, and gather the listed documents. Incomplete applications cannot be accepted.

Accepted proof of income (only these three):
2026 Form 1040 Federal Tax Return
Social Security Award Letter
Disability Award Letter

Not sure which category fits you? Look for the description below that matches your tax-filing and income situation, then follow that checklist.

1. If you filed taxes

- ☐ 2026 Applicant Information Form — include your current mailing address, and sign and date it.
- ☐ Complete 2026 Federal Income Tax Return, including all supporting schedules referenced on Schedule 1 (for example, Schedules C, D, or E, and any related forms).
- ☐ Medicaid Screening — see the box below for how this works.

2. If you did not file taxes

- ☐ 2026 Applicant Information Form — include your current mailing address, and sign and date it.
- ☐ Signed, Notarized Statement of Non-Filing of 2026 Taxes — must be signed in front of a notary.
- ☐ Verification of Non-Filing of Taxes Letter from the IRS — complete Form 4506-T, check box 7, and mail it yourself to the address on the back of the form. The IRS will mail the letter directly to you; include it with the rest of your documents.
- ☐ Proof of income for the supporting party — only a 1040 Federal Tax Return or a Social Security/Disability Award Letter is accepted. An SSA-1099 or Disability-1099 is not accepted.
- ☐ Medicaid Screening — see the box below for how this works.

3. If you did not file taxes and receive Social Security or Social Security Disability

- ☐ 2026 Applicant Information Form — include your current mailing address, and sign and date it.
- ☐ Signed, Notarized Statement of Non-Filing of 2026 Taxes — must be signed in front of a notary.
- ☐ Social Security Award Letter. An SSA-1099 is not accepted.
- ☐ Medicaid Screening — see the box below for how this works.

Medicaid Screening (required for every applicant)
Call Advocatia at (252) 499-6570 for a preliminary Medicaid screening.
If you appear eligible: continue the Medicaid application with your local Department of Social Services, and submit the DSS determination letter — your Financial Assistance Application can't be processed without it.
If you appear ineligible: no further Medicaid application is needed.

About the 4506-T Form
You'll only need this form if: (a) you didn't file taxes and didn't collect Social Security/Disability, or (b) you'd like the IRS to mail you a copy of your 2026 1040 Federal Tax Return.
A CPA, tax preparer, or online tax-filing company can also provide a copy of your return if you need one.

Questions or ready to submit?

Patient Accounts, Attn: Financial Assistance Email: billing@carterethealth.org Phone: (252) 499-6506

Submit your completed application and documents by:

Email: billing@carterethealth.org

Mail: Attn: Patient Accounts, 3500 Arendell St., Morehead City, NC 28557

Please note
Accounts are not placed on hold during the application process and require a payment every 30 days to avoid collection activity — please contact our payment department to arrange this. Pre-approvals for the program are not granted.
Accounts related to a liability, accident, crime, or lawsuit, and elective/cosmetic surgeries, are not eligible for this program.

Carteret HEALTH CARE

2026 Applicant Information Form

Patient Name _____ Date of Birth _____ Medical Record # _____

Spouse / Co-Applicant Name (if applicable) _____ Date of Birth _____ Medical Record # _____

Email Address for Determination Letter _____ Primary Phone Number _____

Mailing Address for Determination Letter _____

Do you collect Disability? ☐ **Yes** ☐ **No** Do you collect Social Security? ☐ **Yes** ☐ **No** Are you covered by Medicaid? ☐ **Yes** ☐ **No**

Are you financially supported by another person? ☐ **Yes** ☐ **No**

If yes, name and relation to patient _____

I have enclosed all information for my income category as (check ONE only):

☐ Patient that filed taxes

☐ Patient that did not file taxes

☐ Patient that did not file taxes and receives Social Security/Social Security Disability

I hereby certify that, to the best of my knowledge, the provided financial information is true and accurate.

Patient Signature _____ Date _____

Spouse Signature _____ Date _____

Notarized Statement of Non-Filing of 2026 Taxes

If you did not and do not plan to file federal income taxes due to limited or no income, you must sign this statement and have it notarized.

If you have no income to report, or are financially supported by another person, you and your supporting party must both sign in front of a notary. Financial support includes shelter, food, and other living expenses. You'll also need to include proof of your supporting party's income — only a 1040 Federal Tax Return or a Social Security/Disability Award Letter is accepted. See page 1 for the full checklist under the "Patient that did not file taxes" category.

This form must be signed in front of a notary.

Sworn Statement

I, _____, do hereby swear that on this _____ day of _____, _____,

I did not and do not plan to file Federal Income Taxes for the year due to limited or no income.

I am being financially supported by:

☐ Self ☐ Spouse ☐ Parent

Other (please specify): _____

This is for the purpose of receiving financial assistance at Carteret Health Care.

Applicant Signature _____ Date _____

Person Financially Supporting Applicant _____ Relationship to Applicant _____ Date _____

Notary Acknowledgment

I, _____, a Notary Public for _____ County, North Carolina,

do hereby certify that _____ personally appeared before me and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this the _____ day of _____, _____.

Notary Signature _____ Date _____

(Notary seal)