

HALIFAX HEALTH – PATIENT ASSISTANCE

303 N. Clyde Morris Blvd., Daytona Beach, FL 32114
(386) 425-4019

Appointment Line (386) 254-4000 ext. 3238

INPATIENT ASSISTANCE

Patient Name
Adm. Date
Date of Birth
MR #

Dr.
Age

Visit #

OFFICE HOURS: Monday–Friday, 8 a.m. to 4 p.m.

Customer Service/Cashier Office located past the Information Desk in the Main Lobby

PHONE: (386) 254-4000 Ext. _____

Monday–Friday, 8 a.m. to 4 p.m.

FRC (386) 254-4000 Ext. _____

Financial Resource Coordinator’s Hours are Sunday–Saturday, 7 a.m. to 5 p.m.

Documentation needed for consideration of assistance:

- Halifax Health – Patient Assistance Assessment Form
- Halifax Health – Patient Assistance Health Survey Form
- Florida Photo ID or Florida Drivers License
- Social Security Card
- If Married – ID and SS Card for Spouse _____
- Tax Assessment (property owners/mortgage) _____
- Rent Receipt/Lease _____
- Financial Statement _____
- Letter of Residence/Support _____
- Utility Bill/Mail _____

Household Income for the past 12 Months:

- Tax Forms, 1040 and W-2’s _____
- Recent Paystubs (Last one if YTD appears on it) _____
- Child Support/Alimony _____
- Pensions/Retirement/Interest _____
- Social Security Benefits for any family member _____
- Veteran’s Benefits _____
- Other _____

- If Dependent Children Reside in Household – Birth Certificates and SS Cards
- Other _____
- Other _____

