

# APPENDIX E

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## Medical Bills


This form or the medical bills are not required for you to submit an application. If needed, this information may be requested by a caseworker.

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.