



**HARRIS COUNTY HOSPITAL DISTRICT
 PATIENT ELIGIBILITY SERVICES
 NOTIFICATION OF PENDING ELIGIBILITY STATUS**

Patient Name: _____

CPI: _____

Application Number: _____

Eligibility Center: _____

Interviewer: _____

Date: _____

Due to the following reason(s), we are unable to complete your application for financial assistance with medical bills at HCHD at this time.

- _____ Identification for self or spouse
- _____ Income for _____
- _____ Residency _____
- _____ Household Composition _____
- _____ Insurance information _____
- _____ Immigration documentation for _____
- _____ Other documentation _____

You have provided all other documents needed to determine your eligibility for financial assistance, except for those indicated above. We will retain a copy of your documents for fourteen (14) days. You began your application on _____ (date). We will retain your documents until _____ (date).

Please return to the center with the document(s) indicated above within this timeframe so your application can be completed. You may return the documents in person, by mail, or by fax. If you mailed in your application, you can return your information to Patient Eligibility Administration at the address below.

If you are not able to obtain the information requested, you can ask to speak to management for further assistance.

If you have questions about this document or what you need to bring to complete your application, please contact the **Eligibility Hotline at (713) 566-6509.**

Location	Address	Fax Number
Acres Home Eligibility Center	818 Ringold, Houston, TX 77088	(281) 260-3495
South Loop Eligibility Center	5959 Long Dr., Houston, TX 77087	(713) 845-3807
Strawberry Eligibility Center	925 Shaw, Pasadena, TX 77506	(713) 982-5971
Southwest Eligibility Center	8901-B Boone Road, Houston, TX 77099	(281) 454-0526
East Mount Houston Eligibility Center	11737B Eastex Freeway, Houston, TX 77039	(281)372-3122
Patient Eligibility Administration	P.O. Box 300488, Houston, TX 77230	(281) 454-0527