



Current Project Access Patient Renewal Checklist

Note: PA and AA cards are issued for one year. You are eligible for renewal up to TWO months before the expiration date on your card. Please complete all items listed and submit for renewal review at least **TWO weeks before expiration.**

Renewal Application

Please complete and submit the “Renewal Application” to ensure all contact and demographic information we have on file is correct and up to date.

Financial Information

Please include information for all adults in your household.

Bank Statements (Must include one of the following)

- Copies of 3 most recent complete bank statements. Include both **checking and savings** account information for all accounts, OR
- If you and any adults in your household do not have any bank accounts, please submit “Bank/Tax/Income Attestation” form available on our website

Please note that we will be reviewing deposits on your statements and comparing those with reported income. Please make sure to report all income/deposits in your account, not just employment. Please provide a letter to clarify any additional loans or deposits in your account, or there may be a delay in processing your application.

Tax Return:

- Copy of most recent Tax Return. If you do not file taxes, please do the following:
 - Submit a non-filing transcript (instructions available on our website), AND
 - Complete the “Bank/Tax/Income Attestation” form on our website

If Employed (you or any adult in your household):

- Copies of 3 most recent pay stubs, OR
- The “Employment Verification” Form (must be notarized), OR
- If you are unable to provide either of these items, please call us at 205-202-1598 to discuss

If Unemployed:

- A letter of support from the person providing financial support to you (“Letter of Support” available on our website)

Specialty Care Need

We will ask you about your current health status and any ongoing or new specialty care needs. If you have an updated letter from your primary care physician, please submit that with your updated financial information. (This form is provided on our website under “Physician Info” and then “Physician Letter”)

Insurance Coverage

If you have obtained insurance coverage, such as Medicare/Medicaid, marketplace policy, or employer sponsored health insurance, please contact us at (205) 202-1598.

Please submit documentation via:

Email: alprojectaccess@uabmc.edu

OR

Fax: 205-838-6294