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### Hardship Waiver Exception Request

Date: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (     ) \_\_\_\_\_ - \_\_\_\_\_

NPI: \_\_\_\_\_

EIN: \_\_\_\_\_

Provider Type/Specialty: \_\_\_\_\_

Application Reference ID: \_\_\_\_\_

**Reason for Waiver Request:**

*This request must document the basis for the waiver request including a discussion of the impact on beneficiary access to care if the fee is imposed. Include any comments on the financial or legal records that might be needed to make a determination of hardship. Examples of sufficient documentation to support the request may include historical cost reports, recent financial reports, bank statements, income statements, cash flow statement and/or tax returns.*

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