001LOS

PATIENT FINANCIAL SERVICES
P.O. BOX 800750
CHARLOTTESVILLE, VA 22908-0750
FAX: (434) 924-9322
1-866-320-9659

LETTER OF SUPPORT

PATIENT NAME: _____

ADDRESS: _____

_____

MEDICAL HISTORY #: _____

I currently provide food and lodging for the person named above. To the best of my knowledge, he /she has no other means of support or income.

SIGNATURE OF SUPPORT PROVIDER _____

DATE: _____

PRINTED NAME OF SUPPORT PROVIDER _____

RELATIONSHIP TO PATIENT _____

ADDRESS: _____

_____

_____

***** SIGNING THIS FORM DOES NOT MAKE YOU RESPONSIBLE FOR ANY BILLS *****

Esta forma está disponible en Español. Para solicitar, por favor llamar al 1-866-320-9659
This form is available in Spanish. To request, please call 1-866-320-9659

Letter of Support
Carta de Apoyo Financiero