Patient Financial Services
P O Box 1227
Douglas, GA 31534-1227
Phone: 912-383-5614
Fax: 912-383-6917

Letter of Support

Patient: _____

If you are not employed and have no income, please explain how you are paying your daily expenses:
_____
_____
_____

In the event that you do not own or rent your home and are living with someone else, please have them fill out the information below and sign the document:

_____ does live with me, and I help him/her financially with anything she/he may need. She/he does not work and has no income.

Comments: _____

_____

_____

Supporter

_____ _____ _____
Supporter's Printed Name Supporter's Signature Date

_____ ( )_____-_____ _____
Relationship Phone Number Home Address

Patient

_____ _____ _____
Patient/Guarantor's Printed Name Patient/Guarantor's Signature Date