

Letter of Circumstances

This form is to be completed by the patient seeking financial assistance upon the request of the Patient Financial Assistance team for more information. This may include circumstances such as living off cash savings, marital status unclear, spouse not providing household support, non-legal guardianship, etc.

Patient name: _____

Please describe the situation here:**Attestation:**

I certify that to the best of my knowledge, the above information is true and correct. I agree that you may contact me if further verification is necessary.

Signature of person completing this form

Date signed