



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

Patient Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

To Whom It May Concern:

I \_\_\_\_\_ provide room and board and/or  
financial assistance to \_\_\_\_\_.

I understand that signing this letter of support will in no way obligate me but will help the  
above named person to qualify for assistance with their hospital bills.

Signed: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_