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HEALTH
SYSTEM

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DREW MEMORIAL HOSPITAL, INC.
778 SCOGIN DRIVE
MONTICELLO, AR 71655
PHONE: (870) 367-2411
FAX: (870) 460-3562
www.drewmemorial.org

Thank you for choosing **Drew Memorial Hospital** for your healthcare needs.

This letter is in regards to your statement of your financial hardship. In an effort to assist you in making this situation more manageable financially, attached is a financial assistance application.

In order to process the application, please submit the following information:

1. **Completed application; which must be signed and dated.**
2. **Proof of income for the last 3 months. This must include everyone living in your household.**
3. **Last year's Income Tax return.**
4. **A copy of all bank checking and/or savings accounts for the last 3 months.**
5. **A copy of 3 months back most recent utility bills. Choose from one of the following: Electric, Water, Gas, etc.- verifying your address.**
6. **A copy of 3 months back most recent cell or land line phone bills.**

In order to properly and successfully process your application, I must have **all** of the required information listed above.

If I can be of further assistance to you, please feel free to contact me at (870) 367-2411.

Sincerely,

Financial Counselor

Date

