



**Drew**Memorial  
HEALTH  
SYSTEM

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Thank you for choosing **Drew Memorial Health System** 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.**

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,

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Financial Counselor

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Date

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SYSTEM, INC.**  
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