



Northside Location – 2332 Beverly Hills Drive, Fort Worth TX 76114

Southeast Location – 2909 Mitchell Blvd, Fort Worth TX 76105

Arlington Location – 979 N. Cooper St., Arlington TX 76011

MRN: \_\_\_\_\_

## Financial Letter of Support

To Whom It May Concern:

My Name is \_\_\_\_\_ . I am the \_\_\_\_\_  
*Party's Name* *Relationship to the patient*

of \_\_\_\_\_ , whom I financially support, in the amount of \$ \_\_\_\_\_  
*Patient's Name*

per month.

Sincerely,

\_\_\_\_\_  
*Party's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Party's Printed Name*

\_\_\_\_\_  
*Phone*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip Code*



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## Carta de Ayuda Financiera

A quien corresponda:

Mi nombre es \_\_\_\_\_ . Yo soy el/la \_\_\_\_\_  
*remitente* *relación del paciente*

de \_\_\_\_\_ . Yo le aporto \$ \_\_\_\_\_ mensual, como asistencia  
*nombre del paciente*  
financiera.

Sinceramente,

\_\_\_\_\_  
*Firma del Remitente*

\_\_\_\_\_  
*Fecha*

\_\_\_\_\_  
*Nombre del Remitente*

\_\_\_\_\_  
*Teléfono*

\_\_\_\_\_  
*Dirección*

\_\_\_\_\_  
*Ciudad*

\_\_\_\_\_  
*Estado*

\_\_\_\_\_  
*Código Postal*