



5249 Olde Towne Rd, Suite D, Williamsburg, VA 23188

P (757) 259-3258 | F (757) 220-1953

Financial Support Letter

We are trying to determine if you give money to any of the following persons:

- 1. Do you give money to any of the people listed above? Yes [] No []
- 2. If you do give them money, what is the monthly amount? \$ _____
- 3. Do you give the same amount each month? Yes [] No []
- 4. Do you pay any of the following expenses for this person(s)?

Housing \$ _____ per month
 Utilities \$ _____ per month
 Medical \$ _____ per month
 Other \$ _____ per month

By completing this form, you are in no way made liable for any debt incurred by the above-named person. The information provided will allow the patient to receive a discount on services. Please feel free to contact us with any questions or concerns.

Date: _____

Signature of person completing this form _____

Relationship to person you are assisting _____

Telephone # of person completing form _____

Address of person completing this form _____
