



LETTER OF SUPPORT

Patient Medical Record number/Fin number _____

Supporter's name: _____

Relationship to patient/applicant _____

Supporter's address: _____

To WEISS HOSPITAL:

This letter is to advise that (patient's name: _____) receives little or no income and I am assisting with his/her living expenses. He/She/They has little to no obligation to me.

By signing this statement, I agree that the information given is true to the best of my knowledge.

Signature of supporter _____

Date _____

Please include copy of Driver's License/State ID