



P.O. Box 40010, Mobile, AL 36640 • 251-434-3505

Patient
Name

Last

First

M.I.

Account
Number

Supporters
Name

Last

First

M.I.

Supporters
Address

Street address

Apt/Unit #

City

State

Zip Code

Relationship to
Patient

To USA Health,

This letter is to advise that

Patient's Name

receives little to no income, and I am assisting with their living expenses. They have little to no obligation to me.

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

Signature:

Date: