

Other Expenses
(please list)

NOTE: Upon receipt of application a credit report will be processed (may include spouse).

Signature

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Patient or Person Financially Responsible

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Date

Supporting Documents

Please provide copies of:

Current paycheck stub
OR

Previous year's tax form - **and** - Letter of Hardship

INSTRUCTIONS:

1. Complete this Financial Assistance form and sign it.
2. Please attach the required documents: **Income stub - OR - Income Tax Return and Letter of Hardship**
3. Mail to the following address:

Huntington Hospital
Attn: Patient Accounting, Customer Service
100 W. California Boulevard
P.O. Box 7013
Pasadena, CA 91109-7013

For questions regarding this form, please call:
(626) 397-5324