



DEAR MR/MRS. PATIENT,

Thank you for choosing Southeast Health for your healthcare needs. If you do not have health insurance nor the ability to pay your bill, we may be able to help. Southeast Health provides financial assistance in the form of discounts based on income, assets and needs.

Please help us help you by completing the Application for Financial Assistance. Failure to provide ALL requested information will cause your application to be incomplete and unable to be processed. You must exhaust all forms of state assistance before qualifying for hospital assistance. The REQUIRED documents are as follows:

- Fully Completed and signed Financial Application Assistance Form (copy enclosed)
- Copy of most recent Federal Tax Return, including W-2's and ALL schedules.
- Copies of the two (2) most recent pay stubs for ALL wage-earners in the HOUSEHOLD.
- Proof of Social Security, Disability, Pensions, Food Stamps and Child Support for ALL HOUSEHOLD members.
- Copy of your latest Utility Bill.
- “No Income” forms for ALL non-wage earners in the HOUSEHOLD over 18 years of age

If there is NO income within the household, please provide a notarized letter from the person or agency providing your basic monthly necessities.

If you have any questions or need assistance, please contact us at (334)712-3713, Monday thru Friday, 8:00 am to 4:30 pm. Our mailing address is P.O. Drawer 6987, Dothan, AL 36302