



Instructional Letter for Application for Financial Assistance

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 to patients based on their income, assets and needs.

Please help us help you by completing the Application for Financial Assistance. Please include proof of total household income by submitting a copy of last year's federal income tax returns or a letter from your employer with your year to date income. If there is no income within the household, please advise us as to how your monthly household expenses are paid. Also, please include a copy of your latest utility bill.

PLEASE ONLY SEND COPIES.

THESE DOCUMENTS WILL NOT BE RETURNED TO YOU!

Please send form and requested documentation to the address listed below.

Mail To:

Southeast Health
Attn: Patient Accounts Department
PO Box 6987
Dothan, AL 36302-6987

Please call the Patient Accounts Department with any questions at 334-793-8711 or 1-800-592-5384. Our fax number is: 334-793-8079.