



## Letter of Financial Support

\_\_\_\_\_  
Date

Re: \_\_\_\_\_, \_\_\_\_\_  
Patient's Last Name Patient's First Name Date of Birth

**As proof of income, I have provided at least one of the following items:**

- Most recent pay check stubs
- Most recent pay check stubs
- Bank Statements
- Proof of government assistance (food stamps, ,social security, disability, other)

Dear Matthew Walker Health Center:

My name is \_\_\_\_\_ . I am the \_\_\_\_\_  
Sponsor's Name Relationship to Patient

\_\_\_\_\_, and agree to providing financial support such as living expense  
Patient's Name

the amount of \$ \_\_\_\_\_ U.S. Dollars. If you have any questions, do not hesitate to contact me.

Sincerely,

\_\_\_\_\_  
Sponsor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Sponsor's Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Type/Print Name of Witness

Date: \_\_\_\_\_

\_\_\_\_\_  
Notary Signature

Official Seal

Attach the required document (s) which support the ability to pay associated healthcare fees.