

HEALTHCARE ON THE SQUARE

P.O. Box 540
Boydton, VA 23917
Phone: (434) 738-6102
Fax: (434) 738-6982

FINANCIAL ASSISTANCE CERTIFICATION

This statement is to be completed and signed by the individual who is providing financial assistance to the following HealthCare on the Square patient.

Name of patient receiving financial assistance

Name of financial assistance provider

I am currently providing (check which applies)

Shelter Food Financial assistance (bills)

To the person listed above.

My address:

My Phone: _____

Signature of Provider

Date