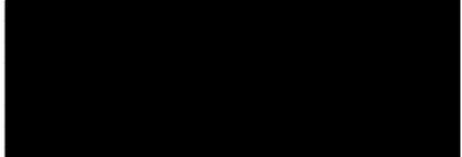




HOPE Approval Letter



Date: [Redacted]

Dear Patient/Applicant,

[Redacted] is driven by compassion and dedicated to providing personalized care for all—especially those most in need. It is our mission and privilege to offer financial assistance to our patients. Financial assistance is available only for emergency and other medically necessary care. Scheduled care will require additional review and approval. Thank you for trusting us to care for you and your family for all your healthcare needs.

Your HOPE application has been approved. Please see approval details below.

Patient Name	[Redacted]
Date of Birth	[Redacted]
Charity Care or Sliding Scale % Approved	100%
Patient's Responsibility %	0%
Primary and Secondary Insurance (If any)	
Approval Notes	Approval covers prior date(s) of service(s) 5/11/2022 through 5/11/2022
Application Valid From-Through	3/24/2022-3/24/2023
Established Payment Plans	If you are on payment plan and approved 100% discount, please log into the Bill Pay and terminate your payment. For additional assistance, please contact (904) 308-7381
Medicaid eligibility Notes	

PLEASE READ:

It should be noted that the HOPE program is NOT insurance and patients are required to work with Financial Counselor to apply for Medicaid or other eligible programs to qualify for Financial Assistance/HOPE.

If you do not have health insurance, affordable health coverage may be available to you through the Health Insurance Marketplace at www.healthcare.gov. If you would like to explore this option, please contact Insurance Agent Scott Henderson at (904) 495-6405 (cell) and (904) 438-2662 (office).

Any bills received from Physician's billing offices must be discussed with their individual billing office.

For Hospital billing questions, please call (904) 308-7381.

Sincerely,
Financial Counselor