



Dear Patient,

You may be eligible for financial assistance with your bill.

Please fill out the enclosed DSH form and return with proof of income. This can be a copy of your last two check stubs or your previous year's taxes. If you are unemployed and have no income, please attach letters from two friends (non-related) stating you have no income. Have them include their address, phone number, and signature.

If you have any questions contact me at 859-733-4874.

Sincerely Yours,
Lilly Frederick
Lilly Frederick
Business Office