



Arlington Memorial Hospital
Harris Methodist Hospitals
Presbyterian Hospitals

500 E Border Street #130
Arlington Texas 76010
682-236-3000 / 800-890-6034
THRFinancialassistance@texashealth.org

Date: _____ Guarantor Name: _____

Patient Name: _____ Date of Service: _____

Hospital Account # _____ Medical Record # _____

- | | | |
|--|---|--|
| <input type="checkbox"/> Texas Health Allen | <input type="checkbox"/> Texas Health Denton | <input type="checkbox"/> Texas Health Prosper |
| <input type="checkbox"/> Texas Health Alliance | <input type="checkbox"/> Texas Health Frisco | <input type="checkbox"/> Texas Health Recovery & Wellness Center |
| <input type="checkbox"/> Texas Health Arlington Memorial | <input type="checkbox"/> Texas Health Fort Worth | <input type="checkbox"/> Texas Health Southwest Fort Worth |
| <input type="checkbox"/> Texas Health Azle | <input type="checkbox"/> Texas Health Heart & Vascular Hospital Arlington | <input type="checkbox"/> Texas Health Specialty Hospital |
| <input type="checkbox"/> Texas Health Burleson | <input type="checkbox"/> Texas Health HEB | <input type="checkbox"/> Texas Health Springwood |
| <input type="checkbox"/> Texas Health Cleburne | <input type="checkbox"/> Texas Health Kaufman | <input type="checkbox"/> Texas Health Stephenville |
| <input type="checkbox"/> Texas Health Dallas | <input type="checkbox"/> Texas Health Plano | |

Dear Patient:

Attached you will find the Texas Health Resources Financial Assistance Application. Completion of this application will enable us to present your account for consideration of financial assistance for your hospital bill(s). This is for your hospital charges only.

We understand your desire for privacy. Accordingly, except for verification purposes, the information included in your application will be treated as confidential information. It will only be shared within Texas Health Resources on a need to know basis.

Please complete each item on the application. If you need additional space for any explanations, please utilize the back of the application.

Please provide copies of your current month and two prior months pay stubs and/or proof of any other form of income for the household. If you do not receive check stubs, please provide copies of your bank statements showing your monthly deposits. If self-employed, please provide a copy of your most recently filed personal income tax return and a current profit and loss statement. Failure to provide the requested documentation can result in a denial for financial assistance consideration.

It is extremely important that you complete this application upon receipt and return it as soon as possible.

If you have difficulty completing this application or there is an area that is unclear, please call. Your cooperation is appreciated.

