



Dear Patient,

Jackson Hospital & Clinic has a Financial Assistance Program to assist eligible patients with their account balances. I am enclosing our Financial Assistance application for your review. If you would like to be considered for assistance, please complete, and return with the requested documentation. (Proof of Income includes all household income)

- Patients have six (6) months from the date of service to apply for assistance.
- Patients that have accounts in collection will not be eligible.
- Patients that are enrolled in a shared plan (examples: Jericho Share, Christian Care Ministries) where patient is paid directly will not be eligible.
- Patients that are inmates in a correctional facility will not be eligible.

***Applications must include proof of income and expenses to be considered for assistance.***

Please return your information to the Financial Assistance office in Patient Access or you can mail it to the attention of Financial Assistance, Jackson Hospital & Clinic, 1725 Pine Street, Montgomery, AL 36106

Please give me a call at (334) 293-6970 if you have any questions.

Faye Singleton

Financial Assistance Coordinator