Patient Name: __________________
Account #: __________________
Service Date: __________________
Balance Due: ________________

Enclosed please find the Greater Hudson Valley Health System Financial Assistance application. Complete the application and return it to us with copies of the required documents:

- **Proof of Identity:** Photo ID
- **Proof of Income:** Recent 4 paystubs,
  Unemployment statement, social security award letter
  Or letter from employer.
- **Proof of Address:** Most recent mortgage/rent receipt
- **Bank Statement:** Most recent checking and savings account statement

If any necessary information or the application is incomplete, we will not be able to process your application.

If you are under 21 years of age, and/or are a dependent of your parents, then your parent must fill out the eligibility application and provide the necessary documentation.

A letter describing your situation may also be helpful in determining your eligibility.

This application must be returned to the hospital by ___________ (three weeks).

Return Application to:

**Orange Regional Medical Center**
Financial Advocate Office
707 E. Main St.
Middletown, New York 10940

**Catskill Regional Medical Center**
Financial Advocate Office
68 Harris-Bushville Rd
Harris, NY 12742

If you have any questions, please do not hesitate to contact our Financial Advocate Unit.

Sincerely,