

**DR. JOHN WARNER HOSPITAL
CLINTON, ILLINOIS**

FINANCIAL ASSISTANCE PROGRAM

PLEASE PROVIDE COPIES OF THE FOLLOWING ITEMS:

- _____ Dr. John Warner Hospital Financial Statement Form
- _____ Most recent Federal/State Income Tax Forms and related W-2 and 1099's
- _____ Paycheck/Unemployment checkstubs (past 2 months)
- _____ Statements of monthly benefits from Social Security
- _____ Forms approving or denying Unemployment, Worker Compensation
- _____ Forms approving or denying Assistance from the Department of Public Aid
- _____ Checking Account Statements (past 3 months)
- _____ Savings Account Statement (past 3 months)

Please return requested information **WITHIN 10 WORKING DAYS.**

Your cooperation with Dr. John Warner Hospital is extremely important in determining your eligibility for Financial Assistance.