



Dear Patient,

Eastern Oklahoma Medical Center realizes that hospital bills are often unexpected and can create a financial hardship. Enclosed is an application to determine if you are eligible for Financial Assistance.

Please **complete and return the application** along with the **requested documentation** within 10 days. You must **completely fill out the form**, as well as **sign and date** it. You must submit proof of your income. If your form is not complete and we cannot verify your income, you cannot be considered for Financial Assistance.

Future accounts are not automatically qualified under Financial Assistance. Physician's charges are not considered for Financial Assistance.

If you have any further questions regarding this issue, please contact a Patient Financial Counselor.

Sincerely,

*Cassie Hempen*

Patient Financial Services Manager  
(918) 635-3402  
(918) 635-3418 fax

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