Dispensary of HOPE- Saint Thomas Hospital Midtown
(Administered by Saint Vincent Pharmacy)
2000 Church Street
Nashville, TN 37236
Phone# 615-284-6170, Fax# 615-284-6171

LETTER OF SUPPORT

Patient Name:_____Birthdate:_____
Address:_____Apt._____
City:_____State:_____ZipCode:_____
Phone Number:_____Cell:_____

Patient Name_____has no proof of income due to the following reasons:

Please check all appropriate lines:
_____ Unemployed/Dismissed from work (**must show** unemployment papers)
_____ Disabled/Applying for disability (**must show** disability papers)
_____ Student (**must show** proof of enrollment/student loans)
_____ Paid in Cash (**must provide** letter from employer)
_____OtherCircumstances/Explain_____
_____

I, _____, certify that I provide the following for _____:

Please check all appropriate lines:
_____ Cash $ _____per month
_____ Rent $ _____per month
_____ Food $ _____per month
_____ Utilities $ _____ per month
_____ Other Bills $ _____per month
_____ Other Explain_____

Patient Signature:_____Date:_____

Provider Signature:_____Date:_____

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