



Confirmation of Paid Living Expenses:

Date: _____ Full Name of Doctors Care Applicant: _____

To help with living expenses, I have assisted the above-mentioned patient by giving or loaning the following amounts for the **past three months**.

(Please include both *cash* and the sum total of *bills paid* on the patient's behalf.)

Month/Year: _____ Total Assistance: _____

Month/Year: _____ Total Assistance: _____

Month/Year: _____ Total Assistance: _____

Printed Name: _____

Signature: _____

If Doctors Care has further questions, how may we contact you?

Phone: _____

E-mail: _____

Fax: _____