

Request for Financial Assistance

Dear Patient and Family,

In keeping with our mission and core values, First Texas Hospital is committed to providing health care for people regardless of their ability to pay.

We recognize that medical bills may be difficult to pay and at times, assistance is needed. If you do not have health insurance or are concerned that you may be unable to pay for all or part of your health care service, you may apply for our financial assistance program by completing the items in the list below. If you have questions, please call our Financial Assistance Representative at 1-855-378-1142.

We will work with you to see if you qualify for AHCCCS, Medicare, Veterans Administration, Disability and many more.

Our financial assistance program is based on household income. In order to be considered for assistance, you must supply the following:

- Completed and signed application form
- Copies of earning statements for each person in the household for at least 1 month (pay stubs, social security, unemployment, retirement, pensions, etc.)
- Copy of valid ID
- Proof of residency

Please complete and return this form with the supporting documentation to:

First Texas Hospital Financial Assistance Program
9922 Louetta Rd. Houston, TX 77070

*****Without the above listed items, we may not be able to process your application*****

Please return this application within 20 days of your initial bill. We will notify you in writing of our decision.

Sincerely,

First Texas Hospital