**SAMPLE - FICTIONAL DATA**

March 2, 2026

Patient Financial Services, Seaside Regional Hospital

**Subject: Application for financial assistance**

I am applying for financial assistance. My household has 3 people and our yearly income is $58,000.00, which is 212.3% of the 2026 federal poverty guidelines.

Your Financial Assistance Policy lists a 90% discount at this income level.

The completed Financial Evaluation Form and the documents it lists are attached.

Attached: Financial Evaluation Form; Documents listed in Table C of the form

Sincerely,

Daniela Castillo
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