



CULLMAN
REGIONAL

1912 Alabama Highway 157
PO Box 1108 • Cullman, AL 35056-1108
(256) 737-2000
www.CullmanRegional.com

Acknowledgement of Charity Disclaimer

Patient Name _____ MR# _____

I, the undersigned, acknowledge that I am applying for Charity Assistance for my **hospital** charges. I understand that this determination is valid for 180 days unless my financial situation changes. Should my financial condition change, I understand that Cullman Regional reserves the right to re-evaluate my charity status.

I acknowledge that this determination is expressly for charges for Cullman Regional Medical Center **only** and **does not** include **any** physicians, clinics or other medical providers.

I also authorize Cullman Regional Medical Center to provide other providers copies of the information gathered, but acknowledge that is done only as a service to me and is not an indication that those providers will give me the same or similar consideration.

Signature

Date

Print Name

Witness

Date