

M.A.R.S
Patient Advocacy Group
"We represent you!"

Emergency Financial Assistance Criteria

1. An unexpected situation that was out of your control.
Examples: medical emergency, illness, accident, emergency car repair, possible parole/probation violation, death in immediate family, loss of job... **BUT NOT** rent, car payment, loan payment, alimony
2. Documentation of a payment **WITH** verification by original receipt, **OR** some form of acceptable proof

Please leave application forms with the nurse or staff.