

The University of Texas Medical Branch

FACULTY GROUP PRACTICE

Financial Services

Galveston, TX 77555-0309
(409) 772-6464, FAX (409) 747-9900

Date

Address

Patient Name:

Medical Record #:

Hospital Account Balance: \$0

Physician Account Balance: \$0

Combined Total Balances: \$ 0

Dear:

We have reviewed your request for discount consideration under our Medical Indigent Program, and the following determination has been made:

 Your request for assistance from the medical indigence program has been denied due:

 Your request for assistance from the medical indigence program has been approved.

The total patient responsibility owed for hospital charges is: \$0

The total patient responsibility owed for physician charges is: \$0

Please contact both billing offices to make payment arrangements on the balance upon receipt of this notification. Also, please be aware this adjustment applies to the current balances only. Payment will be required for future services.

Sincerely,

Karina Garcia-Vidales
Patient Registration Specialist II

Billing offices: Patient Finance
 (409) 747-1000 or
 (800) 435-1871

Physicians' Billing Service
(409) 747- 4004 or
(800) 228-1874