



HP LONG

A Service of RAPIDES REGIONAL MEDICAL CENTER

THIS PACKET IS TO BE FILLED OUT BY PATIENTS WITH

“NO INSURANCE”

ALL PAGES MUST BE FILLED OUT COMPLETELY AND SIGNED AND DATED

- ✓ **IF YOU DO NOT FILL OUT THE PAPERWORK AND
PROVIDE YOUR “PROOF OF INCOME”**
- ✓ **YOU WILL RECEIVE A BILL FROM OUR FACILITY
AS WELL AS THE DOCTOR ‘S BILL.**

**➤ IF YOU CHOOSE NOT TO FILL OUT THE PAPERWORK OR
PROVIDE PROOF OF INCOME, WE ASK THAT YOU SIGN BELOW**

PLEASE SIGN HERE: _____