

Valley County Health System
2707 "L" Street
Ord, NE 68862

With your signature of this form you are giving authorization and release to Valley County Health System to obtain and verify current information to prove that you qualify for Financial Assistance; and or a reduce payment option. You must also supply a copy of your most recent (2019) tax return with the signed signature page.

Name:

Signature

Date

Name:

Signature

Date