



**Ally Medical Services, LLC**  
4951 B E Adamo Dr. Ste 220  
Tampa, FL 33605-5913

**Preston Mobility Plus, Inc.**  
309 W Eldorado Pkwy, Ste 110  
Little Elm, TX 75068-5382

### Financial Hardship Request Letter

Please complete this form to document difficulties making a payment or paying off your supply account balances due to one or more of the following:

- ☐ Unemployment
- ☐ Reduced Income
- ☐ Damage to property
- ☐ Military Service
- ☐ Divorce
- ☐ Outstanding debt

- ☐ Medical Bills
- ☐ Death of Spouse
- ☐ Illness

Other: Please specify below

Monthly Household Income \$\_\_\_\_\_

How many people live in your home? \_\_\_\_\_

By signing this form, I certify that this information is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Print Patient Name

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date