



Stony Brook
Medicine

31 Research Way
East Setauket, NY 11733

Dear Stony Brook Medicine Patient,

As per your request, please see the attached Financial Assistance application and document checklist that is needed to be considered for Financial Assistance. Please complete the attached application and return it within 25 days with copies of the requested documentation. Completed applications may be e-mailed to PFS@stonybrookmedicine.edu or faxed to 631-444-4148.

If you have questions regarding your Financial Assistance application please contact our Financial Assistance department at 631-444-4151 during the hours of 8am – 5pm, Monday through Friday.

Thank you for choosing Stony Brook Medicine for your healthcare needs.

Sincerely,

Stony Brook Financial Assistance Department