

Culpeper **Regional Hospital**

PO Box 592, Culpeper, Virginia 22701
(540) 829-4100

WAGE VERIFICATION

FROM: _____

SS: _____

TO: _____

DATE: _____

I hereby give permission for you to release to Culpeper Regional Hospital my GROSS income for the dates listed below:

Amount of GROSS income:

_____ October

_____ November

_____ December

Employee Signature Date

Employer Signature Date

If you have any questions, please contact the Business Office at Culpeper Regional Hospital, Patient Accounts Representative:
(540) 829-4330

Please return completed form to the CRH Business Office:
Culpeper Regional Hospital
P.O. Box 592
Culpeper, VA 22701
Fax: 540-829-5014

Thank you