



"Patient Care Comes First"

Community Health of South Florida
10300 SW 216th Street
Miami, Florida 33190
(305) 253-5100

Documents that are required to Establish a Sliding Fee Scale Discount for service

We are glad you have chosen us as your health care provider. Please be prepared to have at least **one item** from each category during your registration interview

Valid Photo ID:

- Driver License
- State issued Identification
- Passport

A Copy of the Birth Certificate is required; if newborn footprint record is required

Proof of Income:

- Received within past 30 days
 - Examples of income; consecutive employment pay stubs, prior year tax return
 - Worker's compensation
 - Unemployment Determination letter
 - Social Security Determination letter
 - Employer income verification letter on company letter head if paid in cash or notarized letter from employer
 - Notarized Work Calendar (used if paid in cash)
 - Notarized letter of support from friend or relative (must include income for all financial responsibilities)

Proof of Address:

- Mail address to you within the past 30 days (utility bills, mortgage, rent receipt, bank statements and/or credit card statements.
- Rent agreement
- Notarized letter from landlord
- If living with a friend or relative a notarized letter stating living arrangements

Insurance Information

- Copy of insurance card(s) for all active coverage:

Proof of income and address applies to all patients interested in paying for services on a sliding fee scale. Patients who refuse to provide any required documents will receive services at a full pay.

At the end of your financial interview patients will receive a Financial Class Statement which will indicate the assigned sliding fee scale discount and the classification they are eligible for.

PLEASE BE ADVISED THAT PAYMENT IS EXPECTED AT THE TIME OF SERVICE.

Thank you for choosing Community Health of South Florida were "Patient Care Comes First" as your healthcare provider.

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