

## PATIENT CHECKLIST

\*\*\*If this is your first visit to HEALing Community Health, please arrive at least 30 minutes prior to your scheduled appointment time.\*\*\*

Please bring the following items with you on your next visit:	
<ul> <li>Photo ID</li> <li>Current utility bill/proof of your current add</li> <li>If you have medical insurance, bring a copy</li> <li>If you have Medicaid or Medicare, bring a composition</li> <li>If you do not have insurance coverage, proof for our sliding fee scale program. Re-certification</li> </ul>	of your insurance card. opy of your card with you. of of income for the past 30 days is required to qualify
Valid Forms of ID	Valid Proof of Residency
<ul> <li>Government Issued Photo Identification (state ID, License, Passport)</li> <li>Current College ID Card</li> <li>US Immigration Photo ID Card</li> <li>Military ID Card</li> </ul>	<ul> <li>Please provide a copy of a current bill (electric, water, telephone, gas, etc.)</li> <li>If you do not have any bills that reflect your name, a letter from the bill holder stating that you reside at the address listed must be provided.</li> </ul>
Valid Proof of Income One of the following:	
<ul> <li>□ Payroll check stub(s) from employer equaling last 30 days of employment</li> <li>□ Weekly – 4 check stubs</li> <li>□ Bi-Weekly – 2 check stubs</li> <li>□ Monthly – 1 check stub</li> <li>□ Current Food Stamp Summary Notification Sheet*</li> <li>□ Disability/Worker's Compensation Notification Form*</li> <li>□ Medicaid/Medicare Form or Card*</li> <li>□ Social Security Notification Form*</li> <li>□ Pension/Retirement Statement*</li> </ul>	<ul> <li>Unemployment Eligibility Sheet, Checks</li> <li>or Check Stubs*</li> <li>Veterans Benefit Statement*</li> <li>Official Documentations from another</li> <li>Social Services Agency</li> <li>Wage statement (Form W615) from the</li> <li>Georgia Department of Labor*</li> <li>Full/Part-time Students:</li> <li>Financial Aid Statement</li> <li>Work Study Notification</li> <li>Verification of Parent's Income</li> </ul>

\*MUST INCLUDE AMOUNT OF FINANCIAL BENEFITS