



*"Patient Care Comes First"*

**Community Health of South Florida**  
**10300 SW 216<sup>th</sup> 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.

Rev: 9/96, 2/00, 8/01, 03/03, 01/04, 12/10, 8/11, 3/12, 05/17