



**FAITH FAMILY
MEDICAL CENTER**

326 21st Ave North • Nashville, TN 37203 | Phone: (615) 341-0808

To Be Seen at Faith Family

Faith Family Medical Center requires you to update your financial information **each year**. Failure to provide financial information will result in you paying the highest office visit fee of \$60 and may disqualify you from being seen at the clinic.

REQUIREMENTS

1. Patient or spouse must work at least 20 hours per week **OR** patient receiving unemployment benefits for no more than 6 months **OR** patient is a full-time student (12+hours)
2. Patient has **NO** health insurance of any kind **OR** meets our underinsured requirements (**Insurance card required**)

ACCEPTABLE FORMS OF INCOME INFORMATION

- A. One month of paycheck stubs (for patient and patient's spouse if both working)
- B. A letter from your employer stating your **pay rate**, number of **hours worked** in a week, and how often paid. The letter must be on company letterhead with the employer's contact information or notarized.
- C. Unemployment letter: Official unemployment letter stating amount received per week.
- D. Self-employed: **MUST** provide the following:
 - Current tax return: First two pages of return that show **Adjusted Gross Income, number of dependents, and Schedule C; AND**
 - 1-month personal deposit bank statement showing income **OR** invoices and receipts from customers showing you receive payments/income **OR** current year Business receipt book.
- E. Student: Registered Full Time (12+ hours). Must provide a physical copy of current class schedule each semester.

*****PLEASE NOTE: W2'S AND 1099'S ARE NOT ACCEPTED*****

ACCEPTABLE FORMS FOR PROOF OF DEPENDENTS

1. Most Recent Tax Return: First two pages of return showing **Adjusted Gross Income** and **number of dependents** and the **Schedule C** if self-employed.
2. If Tax Return is unavailable, provide copies of Birth Certificates, Social Security Card, or Immunization Records for each legal dependent, and a marriage Certificate if legally married.

PLEASE REMEMBER

- Fees are from **\$25-\$60** and determined by total household income, the number of legal dependents and insurance status. **Payment is due at the time of the visit** by cash, credit, or debit card.
- If you are unable to make it to your appointment, please cancel at least 24 hours prior.
- If you have **(3)** "no-shows" during a twelve-month period, you will no longer be seen at Faith Family.