



## Document Requirements

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

### For ALL Patients (Insured and Uninsured):

- **Government-Issued Photo ID:** Driver's license, passport, state ID
- **Proof of Residency:** Utility bill, lease agreement, mortgage statement
- **Completed Patient Registration Form:** Provided by the clinic
- **Medical History Form:** Provided by the clinic

### For UNINSURED Patients ONLY:

- **Proof of Income:**
  - Recent pay stubs
  - Unemployment benefits statements
  - Tax returns
  - Social Security benefits statements
- **Information About Household Members and Income:**
  - For sliding scale fee eligibility

### For INSURED Patients ONLY:

- **Insurance Card:** Current insurance card with member ID
- **Referral Form:** If required by your insurance provider

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_