

Information needed for initial visit/PATIENT REGISTRATION

Medicaid—Medicaid Card & Picture ID

Adult Health CoPay \$3.00

Family Planning/ family planning services only NO COPAY

Child Health/full Medicaid coverage NO COPAY

HealthChoice CoPay \$5.00

Sliding Scale—Proof of Income & Picture ID

Ex: Paycheck stub, bank statement print off, tax return form, social security or disability statement or bank deposit print off.

***if income is \$0—a handwritten note from a contributing income source is acceptable.**

Ex: Parents, friend or family member, child support...etc.

Private Insurance—Insurance Card & Picture ID

*if patient is NOT the insured; will need the insured person's date of birth, social security number and address.

Copay according to individual plan (listed on front of card)

*****UNLESS THERE IS A CHANGE IN COVERAGE; INFORMATION WILL BE UPDATED YEARLY*****

