

Administration and Finance  
14130 7<sup>th</sup> Street  
Dade City, FL 33525  
Admin. Fax: 352-567-5193  
Finance Fax: 352-567-1974

For all locations:  
Phone: 352-518-2000  
Toll Free: 800-449-0283

*A Family Community Health Center*



*Partners Together in Healthcare*

## Premier Community HealthCare Group, Inc.

### ACCEPTABLE PROOF OF INCOME – must be updated every 90 days

1. Pay Stub – dated within last 30 days
2. If no stub - Self declaration for a New Patient visit & valid for only that day.
3. Bank Statement - for Social Security & Disability  
Award letter from Social Security
4. If established pt and no income – Signed and notarized affidavit by supporter.
5. Self Employed and no stub – Signed and notarized form with gross income, business expenses and net income for 3 months.
6. Letter from employer on their letterhead stating gross income and hours worked. Dated and signed by employer.

### NOT ACCECPTABLE

#### Tax Forms

Written letters stating they are supported by family or friends. (Follow step 4 above.)

Dade City Family, Dental &  
Behavioral Health Center  
37944 Church Avenue  
Dade City, FL 33525

Zephyrhills Family Health Center  
37922 Medical Arts Court  
Zephyrhills Children's Health Center  
37918 Medical Arts Court  
Dade City, FL 33541

Summit Health  
Preferred Care for Women  
10605 U.S. Hwy 301  
Dade City, FL 33525