

Administration and Finance
14130 7th 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.

Self Employed Declaration

Patient Name: _____ Social Security # _____

Business Name: _____

Total Gross Income for previous 3 months \$ _____

Total Business Expenses for previous 3 months < _____ >

Net Income \$ _____
(Difference of Gross Income/Expenses)

I understand that this affidavit of self employed income is accurate, true and valid for 90 days. If circumstances change before this affidavit expires I must notify you in writing immediately.

Sign

Date

Sworn to this ___ day of _____, _____ by _____ who is known to me personally or who has provided _____ identification.

Stamp:

Notary _____

Date _____

Expires _____

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