



Christ Health
INCOME VERIFICATION
VERIFICACIÓN DE INGRESOS

Fecha: _____

Información del paciente

Nombre: _____

Fecha de nacimiento: _____

Estado Civil (Circula): Soltero Casado Separado Divorciado

Nombre de cónyuge (si aplica): _____

Employer Information

Christ Health Center has received Sliding Fee Discount application from the applicant above who has identified you as their employer or their spouse's employer. Your cooperation in verifying their employment status is greatly appreciated.

Company/Employer Name: _____

Company/Employer Phone: _____

This statement is to advise that Mr./Ms./Mrs. _____ is currently employed by the above in the capacity listed below:

Date of Hire: _____ **Title:** _____

Avg. Hrs. Weekly: _____ **Hourly Rate:** _____ **OR Weekly Pay Rate:** _____

Insurance offered to this Employee: YES NO

THE EMPLOYER MUST SIGN BELOW IN FRONT OF A NOTARY PUBLIC
 EL EMPLEADOR DEBE FIRMAR A CONTINUACION ANTE UN NOTARIO PUBLICO

STATE OF ALABAMA Employer's signature: _____

Signed and sworn before me this _____ day of _____

NOTARY PUBLIC My commission expires: _____

[Notary Seal]