

JEFFERSON COMPREHENSIVE HEALTH CENTER, INC.

225 Community Drive
P. O. Box 98
Fayette, MS 39069

TELEPHONE (601) 786-3471
786-3475
786-3476
786-3477
FAX NO: (601) 786-9980
786-6320

PROOF OF INCOME NOTIFICATION

Patient's Name _____

Address _____

Telephone Number _____

Emergency Number _____

Social Security Number _____

I was not informed, or didn't know to bring proof of income when I made this appointment. However, I was informed today by the Front Desk/Data Entry Clerk