

HEALTHCARE ON THE SQUARE

P.O. Box 540
Boynton, VA 23917
Phone: (434) 738-6102
Fax: (434) 738-6982

RELEASE OF INFORMATION

I hereby give my permission for HealthCare on the Square to obtain necessary income information for Sliding Fee discount evaluation from Employers, Department of Social Services, Virginia Employment Commission and Social Security Office.

I understand by signing this release I am not guaranteed the Sliding Fee discount. I must meet the guidelines set forth by the Federal Poverty Table.

SIGNATURE: _____

SOCIAL SECURITY NUMBER: _____

HCS REPRESENTATIVE: _____

PATIENT ELIGIBILITY

DATE: _____