Doris Carmichael, ARNP
35 Island Drive Stu 14
Eastpoint FL 32328
Phone: 850.799.1126
Fax: 850.799.1057
www. FCHealingCenter.com

Slide Fee Application

Name _____Date of Birth _____

List household members

Name	Date of Birth/Age	Income

Household Income annually? _____
(will need last 4 paystubs or income proof)

If unemployed and no household income will need contact name, address, and numbers of witnesses to verify.

1. _____
2. _____

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3. _____

If you have any questions please contact us at the number above.