



Public Health
Prevent. Promote. Protect.

NORTHEAST HEALTH DISTRICT FINANCIAL DECLARATION AND GENERAL CONSENT FOR SERVICES AND/OR TREATMENT

Please provide the following income information to allow the health department to determine your eligibility for reduced fees. (Note: Income should include all sources; such as wages, Social Security, child support, alimony, and other.)

Number of members in the household: _____

Total household income: \$ _____ per _____
_____ Week
_____ Month
_____ Year
_____ Twice a month
_____ Every two weeks

Income Source: _____ Annual _____ Current

You may opt out of providing income, however:

_____ I confirm that I do **not** want to provide financial information. I understand that because I have not provided financial information, I will not be considered for any reduced fees.

Do you have any of the following types of insurance coverage?

- _____ Medicaid (including Amerigroup, CareSource, Peach State)
- _____ Medicare or Medicare Advantage
- _____ PeachCare
- _____ Private insurance
- _____ No insurance

Please provide insurance card(s) for any coverage selected above so we can determine if the health department is in-network with your plan(s).

Consent and Statement of Accuracy of Information Provided:

I consent for services to be performed by the Health Department. I understand that in order to provide care, the staff may need to perform an examination, conduct tests or diagnostic procedures, and administer medications or treatments. I understand that I have the right to refuse any exams, medications, tests, or treatments that I am offered. I understand that I will have the opportunity to ask my healthcare provider questions regarding care and read any informational materials given to me. I understand that full payment in cash or by credit or debit card is required at the time services are rendered and that I am responsible for 100% of all applicable Board of Health scheduled fees unless I qualify for discounts offered by certain programs. I understand that discounted fees are based on my own income, and/or my household income, and my number of dependents, which I have provided truthfully and accurately.

Client Last Name: _____ Client First Name: _____

Client Representative Information (if signing for Client):

Last Name: _____ First Name: _____ Birthdate: _____

Relationship to Client: _____ Race: _____ Sex: _____

Client / Representative Signature: _____ Date: _____