

**PREMIER COMMUNITY HEALTHCARE GROUP, INC.
Alternative Income Verification**

We at Premier Community HealthCare Group, Inc. (PCHG) understand that each household's financial situation is different. If you are unable to provide check stubs, bank statements or other information verifying income, please choose one of the options below, complete and sign. All income verification is valid for one (1) year or sooner if your income situation changes.

Option 1. Statement of Support-to be completed by the individual that is providing support to you and/or your dependant(s).

I, _____ residing at _____ affirm that I support the following patient(s):

| Patient Name(s) | Date of Birth |
|------------------------|----------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

I provide the following support: (give a monthly value to all that apply)

Food Value: \$ _____ Room/Board Value: \$ _____ Transportation Value: \$ _____ Other Value(specify): _____ \$ _____

I understand that this statement of support is accurate and true to the best of my knowledge.

Supporter's Signature

Date

Option 2. Employer Verification – please have your employer complete this section.

Company Name: _____

Address: _____ City, State, Zip: _____

Enter Gross Amounts Paid for the past four (4) weeks:

Week 1: \$ _____

Week 2: \$ _____

Week 3: \$ _____

Week 4: \$ _____

Employer's Signature

Date

OFFICE USE ONLY

Care Team Member Signature _____

Date _____

Supported _____

Gross Income \$ _____

Income Period _____