

DEVEN MEDICAL CENTER
WEST FLORIDA MEDICAL ASSOCIATES, PA

ULHAS T. DEVEN, M.D.
BOARD CERTIFIED INTERNAL MEDICINE
Elizabeth Pike, ARNP
BOARD CERTIFIED FAMILY NURSE PRACTITIONER

11707 N. Williams Street
Dunnellon, FL 34432
Phone : (352) 465-1919
Fax : (352) 465-7576

41 N Inglis Ave
Inglis, FL 34449
Phone: (352) 447-2122

Family Assistance Plan Application

Discounts are offered depending upon family income and size. Please complete the following information and return to the front desk to determine if you or members of your family are eligible for a discount.

The discount will apply to all services received at the center but not those services which are purchased from outside such as reference laboratory testing, drugs, x-ray interpretation by a consulting radiologist, and similar services.

Name of <i>the applicant</i> :		
Place of Employment :		
Street :		
City :	State :	Zip :
Phone # :		
Health Insurance Plan :		
<i>Date of Birth</i> :		

Please list spouse and dependents under age 18

	Name	Date of Birth		Name	Date of Birth
Self			Dependent		
Spouse			Dependent		
Dependent			Dependent		
Dependent					

Annual Household Income

Source	Self	Spouse	Other	Total
Gross wages, salaries, tips, etc.				
Social security, pension, annuity, and veteran's benefits				
Alimony, child support, military family allotments				
Income from business self employment, and dependents				
Rent, interest, dividend, and other income				
Total Income				

Verification Checklist (attach copies)	Yes	No
Identification/Address: Driver's license, birth certificate,		
Income: Prior year tax return, three most recent pay stubs, or other		
Insurance: Insurance card(s)		

I certify that the information shown above is correct and understand verification is required for approval.

Name (Print)

Signature/Date

Office Use Only	
Pay class approved: _____	Effective date: _____
Approved by: _____	Expiration date: _____