Florida Department of Health in Nassau County Dental Financial Data Sheet

The Nassau County Board of County Commissioners, State of Florida and the Federal Government has set requirements, which establish fees based on income and family size. PAYMENT OF FEES IS DUE AT TIME OF YOUR VISIT. NO ONE will be denied services due to lack of funds, however, you will be expected to pay the balance and we will bill you at periodic intervals. If your income or family size changes, we may require proof of such changes.

INFORMATION OF YOUR FAMILY UNIT

Family Members Name living in the home | Sex | Birthdate | Age | Relationship

1._____

2._____

3._____

4._____

5._____

6._____

7._____

8._____

List children in the home that use day care services and the amount you pay each week

Childs Name | Amount Paid Weekly

1._____ $_____

2._____ $_____

3._____ $_____

4._____ $_____

5._____ $_____

EARNED INCOME FOR THE FAMILY UNIT

Family Member Name | Employer | Monthly Income before Taxes

1._____ _____ $_____

2._____ _____ $_____

3._____ _____ $_____

UNEARNED INCOME FOR THE FAMILY UNIT

If you receive income from any of the following areas, please list the amount that you receive.

Total Child Support $_____

Unemployment $_____

Workman's Compensation $_____

List Child(s) Name and Amount Received Weekly

1._____ $_____

2._____ $_____

3._____ $_____

My signature below verifies the above information to be true to the best of my knowledge

_____ Client/Parent/Guardian Signature

_____ Client/Parent/Guardian Printed Name

_____ Date