



A Volunteer Effort of the DeKalb Medical Society

Dear Patient(s)

It is time for you to re-qualify. Please **complete the enclosed application and return it before you schedule your next appointment. You must attach your proof of residence and income (no income).** Proof of residence you can use utility bills, rental lease or bank statements showing current address. **Proof of income** is 1 month paycheck stubs **for all adults in household**; statement from employer on company letterhead; **Wage Inquiry statement from the Department of Labor, if unemployed for all adults**

**Any application received without the required documentation cannot be processed and you will not be able to schedule an appointment.**

Please return **mail** to:

Physicians' Care Clinic  
2675 North Decatur Rd., Suite 406, Decatur, GA 30033  
Or Fax #: - 404-501-7199.

**\$20.00 donation for clinic visit**

Please be reminded of our policy about missed appointments, **NO CALL AND NO SHOW** is cause for dismissal from the clinic. **You must call if you cannot make your appointment by 2:00pm and leave a message on voice mail if no one answers to ensure you are not a no call or no show.**

Please remember that you will need to see the doctor every six months to ensure that your medication is working. If you have not seen the doctor within six months and need a medication refilled, you will receive a 30 day supply until you are seen by a medical provider.

**Physicians' Care Clinic**