

COMMUNITY HEALTH AND DENTAL CARE

Healthcare Discount Application

Self-Employment Form	
Patient's Name:	
Date:	
To Whom it May Concern:	
I,(name)	the undersigned residing at
(address)	certify that I am self-employed at the
following jobs:	
I attest that (based upon the attached documentation returns, etc.) the following is the approximate amounts.	on, i.e. receipts for services rendered, income tax
or annually \$	
Signature	Date of Birth
Print Name	 Social Security Number