

Charis Health Center  
Mt. Juliet Office  
2620 N. Mt. Juliet Road  
Mt. Juliet, TN 37122

Charis Health Center  
Gladeville Office  
9000 Stewarts Ferry Pike  
Mt. Juliet, TN 37122

VERIFICATION FORM

Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

I verify that:

- I **do not** have health insurance of any kind
- I am a resident of \_\_\_\_\_ County
- I am employed at \_\_\_\_\_
  - Full time
  - Part time
- I am unemployed
- I am a veteran
- I **am not** a veteran

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date