

OUTREACH HEALTH SERVICES, INC

130 North High Street
P.O. Box 527
Shubuta, MS 39360

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687-1542
687-1557
687-1259

FAX NUMBER: (601) 687-0051
687-5408

PROOF OF INCOME NOTIFICATION

Patient's Name: _____

Address: _____

Telephone Number: _____

Emergency Number: _____

Social Security Number: _____

*I was not informed, or didn't know to bring proof of income when I made this appointment.
However, I was informed today by the Front Desk/Data Entry Clerk.*