

Valparaiso - 1001 N. Sturdy Road, 46383 (219) 462-7173

Valparaiso - 701 Wall Street, 46383 (219) 299-8419

Mishawaka - 420 W. 4th Street, 46544 (574) 307-7673

South Bend Dental - 1002 S. Esther Street, 46615 (574) 307-7673 x6103

Michigan City - 710 Franklin Street, Suite 200, 46360 (219) 872-6200

Knox - 104 E. Culver Road, Suite 106, 46534 (574) 772-7400

East Chicago - 1313 W. Chicago Avenue, 46312 (219) 398-9685

South Bend Medical - 1960 Northside Blvd, 46615 (574) 307-7673 x6001



Thank you for choosing HealthLinc as your healthcare home. Our goal is to provide you with compassionate and attentive medical, dental, and behavioral health services.

New Intake: Your appointment is scheduled for _____ at _____ a.m. / p.m.

Renewal: It's time for your annual renewal. No appointment is necessary, but below is a list of necessary documents in order to renew your coverage with HealthLinc. Once the documents are received in our office, your account will be updated and a letter will be mailed to you with your updated Sliding Fee. As always, thank you for choosing HealthLinc as your healthcare home. Please allow up to 72 hours to process your update.

DOCUMENTS NEEDED TO DETERMINE ELIGIBILITY

- Photo ID: A driver's license or state-issued ID (for adults); School ID (for children).
- Proof of current residence: (e.g., utility bill, bank statement, phone bill, automobile registration or lease agreement).
- Last year's federal tax return (Form #1040): If either you or your spouse files as "self-employed" or "independently contracted," please submit the entire tax form, including schedules.
- Last 30 days of pay stubs: (4) if paid weekly; (2) if paid bi-weekly; or (1) if paid monthly.

If the patient or household member works, but does not receive paychecks with pay stubs (i.e., is paid in cash) documentation on the employer's letterhead should be supplied and should indicate the amount they are paid. Be sure to include the employer's contact number.

Proof of any other sources of income: Social Security, Disability, Unemployment, Pension, etc.

If the patient has NO income, a "food and shelter" letter from the person with whom the patient is living must be presented. **This letter must have the date, address, contact phone number for the person writing the letter, and a signature to be acceptable**