



Return form by Mail, Fax, or Email to:
NC MedAssist
4428 Taggart Creek Rd, Suite 101
Charlotte, NC 28208
Fax: 704-536-9865 | Email: Info@medassist.org

Self-Employment Form

This form should be used by patients who have regular or steady income and are paid in cash.

Name: _____

Date of Birth: _____

Title: _____

Business Name (If applicable): _____

I have attached:

- Invoices/Receipts
- Letter from those who pay in cash
- Bank Statement

Please indicate your gross monthly income: \$ _____

I certify that I have no other way to document the above income. I affirm that the income information provided is true, complete, and correct to the best of my ability.

Date: _____

Signature: _____