

West Houston Clinic

19333 Clay Road
Katy, TX 77449
(713) 462-6555

Pitner Clinic

8575 Pitner Road
Houston, TX 77080
(713) 462-6565

Katy Clinic

5502 1st Street
Katy, TX 77493
(713) 231-5757

Hillendahl Clinic

1615 Hillendahl Blvd., Suite 100
Houston, TX 77055
(713) 462-6565

WholeLife Clinic

1839 Jacquelyn Road
Houston, TX 77055
(713) 462-6565

Cy-Fair Clinic

7777 Westgreen Blvd
Cypress, TX 77433
(713) 387-7180



Wage Verification Form

Date: _____

I, _____, certify that _____
(Employer Name) *(Employee Name)*

is employed with _____.
(Company Name)

He/She earns \$_____ Weekly / Bi-Weekly / Monthly *(circle one)*.
(Dollar Amount)

Signature of Employer

Telephone Number

CONFIDENTIALITY NOTICE: This form is for Spring Branch Community Health Center purposes only.
This form is to verify the eligibility for the patients.