



**Northeast Valley
Health Corporation**

a californiahealth⁺ center



**COVERED
CALIFORNIA**

COVERED CALIFORNIA

Enrollment Event

NORTHEAST VALLEY HEALTH CORPORATION

San Fernando Health Center

1600 San Fernando Rd.
San Fernando, CA 91340

SATURDAY, NOVEMBER 12, 2016

9:00 a.m. — 3:00 p.m.

For information and appointments call

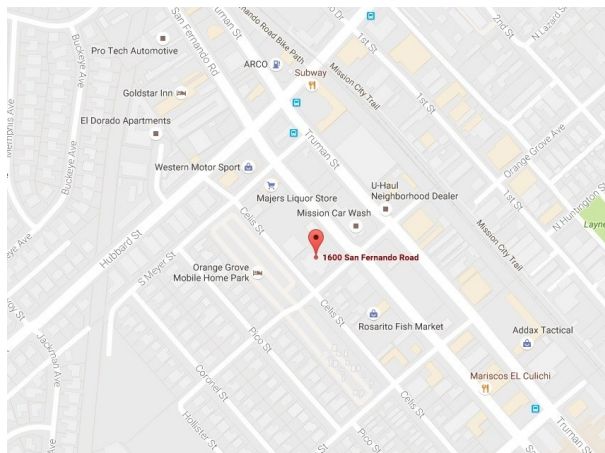
866-MY-NEVHC | 866-696-3842

Required Documents for Medi-Cal:

- Proof of Income
- Proof of Identification
- Proof of Address
- Social Security Card
- Birth Certificate

Required Documents for Covered CA:

- Proof of Citizenship
- Proof of Income
- Proof of Identification
- Proof of Address



(866) MY-NEVHC | (866) 696-3842 | insurancehelp@nevhc.org



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Evento de Inscripciones

NORTHEAST VALLEY HEALTH CORPORATION
Centro de Salud en San Fernando

1600 San Fernando Rd.
San Fernando, CA 91340

SÁBADO, 12 DE NOVIEMBRE DEL 2016
9:00 a.m. — 3:00 p.m.

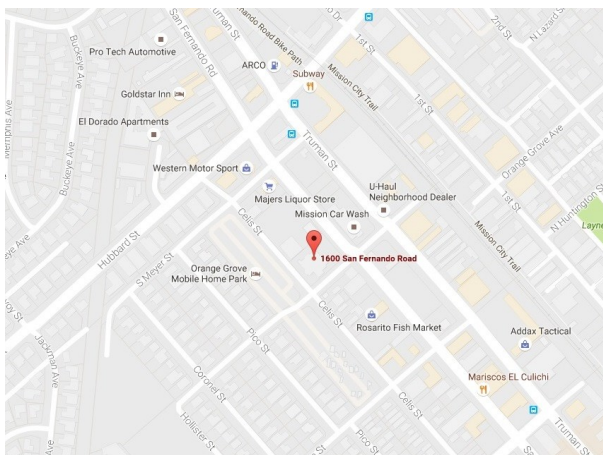
Para información y citas hable al
866-MY-NEVHC | 866-696-3842

Documentos requeridos para Medi-Cal:

- Comprobante de ingreso
- Comprobante de identificación
- Comprobante de domicilio
- Tarjeta del Seguro Social
- Acta de nacimiento

Documentos requeridos para Covered CA:

- Comprobante de ciudadanía
- Comprobante de ingresos
- Comprobante de identificación
- Comprobante de domicilio



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