

Discounted Fee Application

Discounts are offered to uninsured patients based upon family/household size and annual income. A sliding fee schedule is used to calculate the basic discount and is updated each year using the Federal Poverty Guidelines. Once approved, the discount will be honored for six months, after which the patient must reapply.

Please complete the following information and return to the front desk with your documentation to determine if you or members of your family are eligible for the discount.

The discount will apply to all services received at this clinic, but not those services which are purchased from outside, including laboratory testing, drugs, and x-ray interpretation by a consulting radiologist, and other such services. In the hope that your financial situation improves, discounts apply only to current, not future services.

Number of related persons living in your household:

Household Member	Household Income (complete just one column)		
	Annual	Monthly	Bi-weekly
Self			
Spouse			
Dependent children under 18			
Total			

Include income from all sources including gross wages, tips, social security, disability, pensions, annuities, veteran's payments, net business or self-employment, alimony, child support, military, unemployment and public aid.

I certify that the family size and income information shown above is correct. Copies of tax returns, pay stubs and other information verifying income may be required before a discount is approved.

Name (print) _____ Date _____

Signature _____ Phone _____

Office Use Only

Patient Name _____ Discount _____ Expires _____

Verification checklist	Yes	No
ID		
Income: prior year tax return, three most recent pay stubs, or other		
Medicaid: Application rejection		

Approved by _____ Date _____
