



## Sliding Fee Discount Application

NAME OF HEAD OF HOUSEHOLD			PLACE OF EMPLOYMENT	
STREET	CITY	STATE	ZIP	PHONE

**Please list spouse and dependents under age 18.**

NAME	DATE OF BIRTH	NAME	DATE OF BIRTH

### Annual Household Income

SOURCE	SELF	SPOUSE	OTHER	TOTAL
Gross wages, salaries, tips, etc.				

Income from business, self-employment, and dependents.				
Unemployment compensation, workers' compensation, social security, supplemental security income, public assistance, veterans' payments, survivor benefits, pension or retirement income.				
Rents, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources.				
<b>Total Income</b>				

Note: Copies of tax returns, pay stubs, or other information verifying income may be required before a discount is approved.

I certify that the family size and income information shown above is correct.


Date: \_\_\_\_\_

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For office use

Patient name: \_\_\_\_\_

Approved discount: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date approved:

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Verification List	Yes	No
Identification / Address: Driver's license, Utility bill, employment ID, or other		
Income: Prior year tax return, three most recent pay stubs, or other		
Insurance: Insurance Cards		