This form must be returned within 30 days of your bill to receive discount. Incomplete applications will not be processed.

Sliding Fee Application

(Please Print)

Instructions:

Complete this form for sliding fee discounts based on your household income. This form must be returned with **proof of income within 30 days** of your bill to receive a sliding fee discount. Help completing this form and our complete sliding fee discount policy is available from our Certified Application Counselor.

Please include these people in your household:

- Yourself • Your spouse • Your tax dependents • Your unmarried partner (if you have a child together)
- Anyone under 19 who you take care of and lives with you • Anyone that claims you as a dependent

Mailing Address:____

Street or PO Box **City** **State** **Zip**

Phone: ____

List of Household Members	Date of Birth	SS#	Relationship	Office use only Account #
1.			PATIENT	
2.				
3.				
4.				
5.				
6.				
7.				

Include income for all people in the household including: • Job income • Social Security • Net self-employment
• Alimony • Retirement/pension • Investment/rental **Do not include child support, SSI, workers' comp, or VA
You may subtract certain deductions including: • Alimony Paid • Student loan interest • Pre-tax paycheck deductions

Total Household Income $__________________ (please circle one) Yearly /Monthly/ Semi-monthly/ Bi-weekly/ Weekly

Patient Signature: ____ **Date:** __________

By signing this application, I certify that this information is complete to the best of my knowledge. I understand that my copay is due at the time of each visit. I also understand that if I knowingly provide false or incomplete information, any sliding fee discount received will be revoked and I will be barred from receiving future discounts.

Office Use Only

Reviewed by: ____ **Start Date**: _______________

Expiration Date: _______________

Eligibility Level	**1**	**2**	**3**	**4**	**5**
Medical/BH Copay	$10	$15	$20	$40	No Discount
Dental Copay	$45	40%	60%	80%	No Discount

Notes: ____