



Sliding Fee Discount Application

Name:	Phone:
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Street:	City:	State:	Zip Code:
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Please List all household members, including those under 18.

Relationship	Name	Date of Birth
Self		
Other		

Source	Self	Other	Total
Gross wages, salaries, tips, etc.			
Income from business and self-employment			
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, Veterans' payment, Survivor benefits, pension, or retirement income			
Interest; dividends; royalties; income from rental properties, estates, and trusts; alimony; child support; assistance from outside the household; and other miscellaneous sources			
TOTAL INCOME			

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

Name (Print) _____

Signature _____

Date _____

OFFICE USE ONLY

Patient Name: _____

Approved Discount: _____

Approved by: _____

Date Approved: _____

Verification Checklist	YES	NO
Identification/Address: Driver's License, utility bill, employment identification, or other		
Incom: Prior year tax return, three most recent pay stubs, or other <i>Self-declaration of income may also be used.</i>		