



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		
Other		
Other		
Other		
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		

Self-declaration of income may also be used.