**Sliding Fee Discount Program Application**

**Date of Application:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Patient Information**

* **Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_
* **Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **City/State/ZIP:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Household Information**

* **Number of people in household:** \_\_\_\_\_\_\_\_\_\_\_
* **List all household members and their relationship to you:**

|  |  |  |
| --- | --- | --- |
| **Name** | **Relationship** | **Age** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Income Information**

Please provide **gross income** (before taxes) for all household members.

| **Source of Income** | **Monthly Amount** | **Annual Amount** |
| --- | --- | --- |
| Employment (self) | $ | $ |
| Employment (others) | $ | $ |
| Social Security | $ | $ |
| Disability | $ | $ |
| Unemployment | $ | $ |
| Child Support/Alimony | $ | $ |
| Other (specify): \_\_\_\_\_\_\_\_ | $ | $ |

**Total Monthly Household Income:** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Total Annual Household Income:** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Documentation**

Please attach copies of the following documents for all household members:

* Most recent pay stubs (last 2 months)
* Most recent tax return
* Proof of other income (Social Security, child support, etc.)
* Any other relevant financial documentation

**Certification**

I certify that the information provided is true and correct to the best of my knowledge. I understand that providing false information may result in denial or revocation of the sliding fee discount.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_

**For Office Use Only**

* **Application reviewed by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Date reviewed:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_
* **Approved Discount Level:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Effective Dates:** From \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_
* **Notes:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you have questions about this form or the sliding fee program, please contact our office.**