

NAME:

**ADDRESS:** 

PHONE:

## SLIDING FEE DISCOUNT PROGRAM APPLICATION

It is the policy of South Central Family Medicine & Urgent Care to provide essential services regardless of the patient's ability to pay. South Central Family Medicine & Urgent Care offers discounts based on family size and annual income.

Please complete the following information and return to the front desk to determine if you or members of your family are eligible for a discount.

The discount will apply to all services received at this clinic, but not those services or equipment purchased from outside, including reference laboratory testing, drugs, x-ray interpretation by a consulting radiologist, or other such services. You must complete this form every 12 months or if your financial situation changes.

Please list all household members, including those under age 18:		
	NAME:	DATE OF BIRTH:
SELF		
OTHER		

	TO	TAL INCOME:	\$
Interest, dividends, royalties, income from rental properties, estates and trusts; alimony, child support assistance from outside the household, and other miscellaneous sources	\$	\$	\$
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, veterans' payments, survivor benefits, pension, or retirement income	\$	\$	\$
Income from business and self-employment	\$	\$	\$
Gross wages, salaries, tips, etc.	\$	\$	\$
SOURCE OF INCOME:	SELF:	OTHER:	TOTAL:

ame (Printed):	
gnature:	Date:
C	OFFICE USE ONLY
ATIENT NAME:	
PPROVED DISCOUNT:	
PPROVED BY:	
ATE APPROVED:	
RIFICATION CHECKLIST:	