SLIDING FEE DISCOUNT PROGRAM PATIENT APPLICATION

Sliding Fee Discount Information

It is the policy of Springville Pediatrics to provide essential services regardless of the patient's ability to pay. Springville Pediatrics 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, medications, and other such services.

You must complete this form every 12 months or if your financial situation changes.

RESPONSIBLE PARTY:

Name		
Street		
City	NY	Zip
Phone		Email

Please list all household members, including those under age 18

Household Members	**Name**	**Date of Birth**
SELF		

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' payments, 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	
Signature	**Date**

********** **For office use only** **********

Patient Name: _____

Approved Discount: _____

Approved by: _____

Date Approved: _____

Verification Checklist:

Identification/Address: Driver's license, utility bill, employment identification, or other	Y N
Income: Prior year tax return, three most recent pay stubs, or other	Y N