

SALIDA FAMILY MEDICINE

DISCOUNTED/SLIDING FEE APPLICATION

It is the policy of Salida Family Medicine to provide essential medical services regardless of the patient's ability to pay. Discounts are offered based upon household income and size. 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.

If approved the discount will apply to all physician services received at the clinic only. It would not include in house lab testing, immunizations, medical supplies, other medication, or other such services.

Number of related persons living in your household:

Household Member	Household Income (complete one column)		
	Annual	Monthly	Bi-Weekly
Self	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
Spouse	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
Dependent Children under age 18	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
Total	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

Note: Include income from sources including gross wages, tips, social security, disability, pensions, annuities, veteran's payments, net business or self employment, alimony, child support, military, unemployment and public aid.

I certify that the family size and income information shown above is correct. Copies of tax returns pay stubs, other information verifying income will be required before discount is applied.

Name (Print) Date
 Signature

Office Use Only

Patient Name Discount
 Date of Service Approved by