

Sliding Fee Discount Application

Memorial Primary Care

Sliding Fee Discount Information

It is the policy of Memorial Primary Care to provide essential services regardless of the patient's ability to pay. Memorial Primary 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, and x-ray interpretation by a consulting radiologist, and other such services. You must complete this form every 12 months or if your financial situation changes.

NAME OF HEAD OF HOUSEHOLD			PLACE OF EMPLOYMENT		
STREET	CITY	STATE	ZIP	PHONE	

Please list spouse and dependents under age 18.

Living in Household	Name	Date of Birth	List Dependents	Name	Date of Birth
SELF			DEPENDENT #3		
SPOUSE			DEPENDENT #4		
DEPENDENT #1			DEPENDENT #5		
DEPENDENT #2			DEPENDENT #6		

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Source	Self	Spouse	Other	Total
Gross wages, salaries, tips, etc.				
Income from business, self-employment, and dependents				
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income				
Interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources				
Total Income				

NOTE: Copies of tax returns, pay stubs, or other information verifying income may be required before a discount is approved.

I certify that the family size and income information shown above is correct.

Name (Print) _____

Signature _____

Date _____

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Office Use Only

Patient Name: _____

Approved Discount: _____

Approved by: _____ Date: _____

Verification Checklist	Yes	No
Identification/Address: Driver's license, utility bill, employment ID, or other		
Income: Prior year tax return, three most recent pay stubs, or other		
Insurance: Insurance Cards		

Office Use Only