



## SLIDING FEE DISCOUNT APPLICATION

<b>NAME OF HEAD OF HOUSE:</b>				<b>PLACE OF EMPLOYMENT:</b>	
<b>STREET:</b>	<b>CITY:</b>	<b>STATE:</b>	<b>ZIP:</b>	<b>PHONE:</b>	

Please list spouse and dependents under the age of 18 below.

NAME	DATE OF BIRTH	NAME	DATE OF BIRTH

Please provide source of income information below.

SOURCE	SELF	SPOUSE	OTHER	TOTAL
Gross wages, salaries, tips, etc.				
Income from business, self-employment, and dependents				
Unemployment compensation, worker's 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				
<b>TOTAL INCOME</b>				

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

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

**Name (Print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Policy**

It is the policy of Gagon Family Medicine to provide essential services regardless of the patient's ability to pay. Gagon Family Medicine offers discounts based on family size and annual income. Please complete the following information and return to the Receptionist at 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 Gagon Family Medicine, but **not** those services or equipment purchased from outside, including laboratory testing, drugs and x-ray interpretation by a consulting radiologist and other similar services. You **must** complete this form every 12 months or if your financial situation changes.




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**Office Use Only**

**Patient Name:** \_\_\_\_\_

**Approved Discount:** \_\_\_\_\_

**Approved By:** \_\_\_\_\_

<b>Verification Checklist</b>	<b>YES</b>	<b>NO</b>
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		