

Application for Fee Discounts

For Office Use Only:

Household/Family Size: _____
 Household/Family Annual Income: \$ _____
 Date: _____ Initials: _____

This Application for Fee Discounts determines whether you qualify to receive healthcare services at discounted prices. Please read the "Fee Discounts Overview" flyer and the instructions on this application for information that will help you decide who is considered a part of your Household/Family and what is considered as income.

You will need to fill out this application and provide updated proof of income documents each year, or whenever your Household/Family size or income changes. Please ask any of our Patient Services staff members to help you fill out this application or answer any questions, if needed.

Please check this box and sign below if you do not wish to apply for fee discounts.

Household/Family Size

Please list all members of your Household/Family who live together most of the time and depend on each other's incomes.

Head of Household / Responsible Party (must be the one completing this application)

| | | | |
|---|-----------|------------|---------------|
| 1 | Last Name | First Name | Date of Birth |
|---|-----------|------------|---------------|

Other Household / Family Members

| | | | |
|---|-----------|------------|---------------|
| 2 | Last Name | First Name | Date of Birth |
|---|-----------|------------|---------------|

How is this person related to you? Spouse Partner Child Grandchild Other _____

| | | | |
|---|-----------|------------|---------------|
| 3 | Last Name | First Name | Date of Birth |
|---|-----------|------------|---------------|

How is this person related to you? Spouse Partner Child Grandchild Other _____

| | | | |
|---|-----------|------------|---------------|
| 4 | Last Name | First Name | Date of Birth |
|---|-----------|------------|---------------|

How is this person related to you? Spouse Partner Child Grandchild Other _____

| | | | |
|---|-----------|------------|---------------|
| 5 | Last Name | First Name | Date of Birth |
|---|-----------|------------|---------------|

How is this person related to you? Spouse Partner Child Grandchild Other _____

| | | | |
|---|-----------|------------|---------------|
| 6 | Last Name | First Name | Date of Birth |
|---|-----------|------------|---------------|

How is this person related to you? Spouse Partner Child Grandchild Other _____

