

Freestone Health Clinic Discount/Sliding Fee Application:

It is the policy of Freestone Health Clinic to provide essential services regardless of the patient's ability to pay. Discounts are offered based upon family income and size. Please complete the following information and return it to the Freestone Health Clinic's 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 the clinic, but not those services which are purchased from outside, including laboratory testing, medications, and x-ray interpretation by a consulting radiologist, and other such services. In the hope that your financial situation improves, discounts apply only to current, not future services. This form must be completed annually. If there is a change in your finances or insurance status we must be notified immediately. Please inquire at the Freestone Health Clinic front desk if you have questions.

Name of Head of House: _____

Street: _____ City: _____ State: _____ Zip: _____

Social Security Number: _____ - _____ - _____ Health Insurance Plan: _____

Place of Employment: _____ Phone#: _____

Please list spouse and dependents under the age of 18:

Name	Date of Birth	Name	Date of Birth

Annual Household Income:

Source	Self	Spouse	Other	Total
Gross Wages, Salaries, Tips, etc				
Social Security, Pension, Annuity, and Veteran's Benefits				
Alimony, Child Support, Military Family Allotments				
Income from Business Self Employment and Dependents				
Rent, Interest, Dividend, and Other Income				
Total Income				

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

Name: (Print) _____ Date: _____

Signature: _____

Office Use Only: Patient

Name: _____

Discount: _____ Date of Service: _____ Approved By: _____

Verification Check List(Attach Copies)	Yes	No
Identification/Address: Driver's license, birth certificate, employment ID, social security card or other		
Income: Prior year tax return, three most recent pay stubs, or other		
Insurance: Insurance card(s)		
Medicaid: Application made or evidence of rejection		