

**APPLICATION FOR SLIDING FEE SCALE DISCOUNT FOR PRIVATE PAY PATIENTS**

Date of application: \_\_\_\_\_

Name of Head of Household: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
 (Street Address) (City) (State) (Zip Code)

Mailing Address: \_\_\_\_\_  
 (Street Address) (City) (State) (Zip Code)

Telephone # \_\_\_\_\_  
 (Home #) (Cell #) (Work #)

Income: (check one) \_\_\_\_\_ Weekly \_\_\_\_\_ Bi-weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Yearly  
**Complete the average amount in the blank according to how you are paid:**  
 Wages/Salary \$ \_\_\_\_\_ Self employed income \$ \_\_\_\_\_  
 Unemployment \$ \_\_\_\_\_ Child Support \$ \_\_\_\_\_  
 Government check (list type): \_\_\_\_\_  
 Other income (describe): \_\_\_\_\_  
 Total Annual come (we will help you calculate based on the above info) \$ \_\_\_\_\_

**Members of your household** (those that live with you/use back if needed) **Total #** \_\_\_\_\_

<u>Name</u>	<u>DOB</u>	<u>SSN</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

**Certification of Income and Address (please initial by the appropriate box)**

I hereby certify that I have written proof of my household income at this time (Copies must be attached)

I hereby certify that I do not wish to provide proof of any household income at this time , therefore waiving any discounts to my account

I hereby certify that I do have proof of income but arrangements have been made to provide proof of income upon my next visit. I do understand that if proof of income is not provided, I will waive any discounts to my account.

I hereby certify that I have proof of address for my household at this time (Copies must be attached)

I hereby certify that I do not have proof of my address; however the address provided is true and correct. I understand that proof of my address must be provided at my next visit.

**I understand that the Greater Texoma Health Clinic will determine eligibility based upon information I have provided. I further understand that if I am found to have given inaccurate information, it will be grounds for GTHC to disallow any discounted charges that were based upon false information.**

\_\_\_\_\_  
**Verifying Employee**

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