



SLIDING FEE DISCOUNT APPLICATION

It is the policy of Mercy Medical Health Center to provide essential services regardless of the patient's ability to pay. Discounts are offered 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 MMHC, but not those services or equipment that are purchased from outside, including reference laboratory testing, medications, and x-ray interpretation by a consulting radiologist, and other such services. This form **MUST** be completed every 12 months or if your financial situation changes.

Name of Head of Household	Place of Employment
Street	City
	State
	Zip Code
Phone Number	

Please list spouse and dependents under the age of 18.

NAME	BIRTHDATE	NAME	BIRTHDATE
<u>SELF</u>		<u>DEPENDENT</u>	
<u>SPOUSE</u>		<u>DEPENDENT</u>	
<u>DEPENDENT</u>		<u>DEPENDENT</u>	
<u>DEPENDENT</u>		<u>DEPENDENT</u>	



Annual Household Income

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, veteran's 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 discount approval.

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

Printed Name

Signature

Date

*****OFFICE USE ONLY*****

Patient Name: _____

Approved Discount: _____

Approved By: _____

Date Approved: _____

VERIFICATION CHECKLIST	YES	NO
<u>Identification/Address</u> : Driver's license, utility bill, employment ID, or other		
<u>Income</u> : Prior year tax return, three most recent pay stubs, or other		
<u>Insurance</u> : Insurance cards or other		