

Financial Assistance

Application for reduced membership fees at
Story Family Medicine



Full Name	Date of Birth	Relationship

Please briefly explain your current financial circumstance:

Please note: We find that patients on controlled medications require communication and visits at a frequency that precludes being able to offer a discount.

What monthly amount can you currently afford?

Do you anticipate a change in your circumstances, if so when?

Signature: _____ Date: _____

Direct Primary Care Membership Pricing

Monthly Membership

Payments are made on a monthly basis. A 3-month commitment is required and 30 days notice must be given to terminate membership. Credit card payment accepted with an additional 3% fee.

Ages 0-21 **\$35**

When combined with an adult membership

Ages 0-64 **\$85**

Ages 65+ **\$105**

Family Plan **\$220**

Registration Fee **\$85**

\$85 one-time fee per person. Not to exceed \$170 per family, when all family members are registered at the same time.

Direct Primary Care is not health insurance. Membership provides affordable care for most of your family's medical needs. For catastrophic coverage, SFM recommends purchasing insurance or joining a Healthcare Sharing Ministry. DPC members usually are able to choose higher deductible coverage, ultimately saving significantly on healthcare costs.

Financial Need Assistance Guidelines:

- Financial Assistance is provided for 3 months.
- Financial Assistance is for established members only.
- Patients on controlled medications require communication and visits at a frequency that precludes being able to offer a discount.
- Renewal requires re-application.
- Upon review of your application Story Family Medicine will respond.