

SLIDING FEE CONFIDENTIAL APPLICATION

All information is required

Fees are due at time of service
Payment options for scale clients include: Bankcard or cash

Patients full name _____

Address _____

Phone _____ Date of birth _____

Social Security # _____ - _____ - _____ Marital status _____

Guarantor (if not patient) _____ SS# _____

Date of birth _____ Relationship to patient _____

Employer _____ Phone _____

Name of last physician seen _____ Reason _____

Number of people in household ____ Number of children under 18 ____ Number of adults ____

Total monthly income: Gross _____ Net _____

Two forms of income verification are **required**

1. Income tax statement for the past year
2. Copy of pay stubs for the past 3 months

Major source of income: _____

Financial savings and other assets: _____

Monthly housing (mortgage or rent) _____

Other significant debts or obligations: _____

Circumstances that affect the family at this time: *Please use back of form if necessary* _____

If approved, this application will have an expiration date. Applications may be renewed however, all information must be resubmitted on a new form with required items attached.

I certify that the above information reflects my total income from all sources. I understand all fees are due at time of service including cost for pharmacy items.

Signature of responsible party _____ Date _____