

4196 West US Highway 90 Suite 105 Lake City, Florida 32055 238 SW Cullen Ave Fort White, Fl 32038

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## **Sliding Fee Discount Application**

It is the policy of Grace Pediatrics 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 this clinic, but not those services or equipment that are purchased from outside, including reference laboratory testing, drugs, 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:		
Mailing Address:		
Phone Number:		
Please list spouse and dependents under a	ige 18 and Dates of birth	
1.)	DOB	
2.)	DOB	
3.)	DOB	
4.)	DOB	
5.)	DOB	

Source of Income	<u>Self</u>	<u>Spouse</u>	<u>Other</u>	<u>Total</u>	
Gross wages, salaries, tips, etc					
Income from business, self-employment, and dependents					
Unemployment compensation, workers' compensation, Social Security, Supplemental Security income, veterans' 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 misc sources					
Total Income					
Note: copies of tax returns, pay stubs or other information verifying income may be required before a discount is approved.  I certify that the family size and income information shown above is correct.					

Printed Name
Signature
Date

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## Office Use Only

Patient name:		 
Approved discount:		 
Approved by:	<del>-</del>	 
Date Approved:		

Verification Checklist	Yes	No
Identification/Address:		
Driver's license, utility bill, employment ID, or other		
Income: prior year tax return, three most recent pay stubs, or other		
Insurance: Insurance cards		

Self-declaration of income may also be used.