

## SLIDING FEE DISCOUNT PROGRAM APPLICATION

- No one will be denied care due to inability to pay.
- Sliding fee discounts are available to patients only based on INCOME and FAMILY SIZE, and no other factors.
- We will backdate eligibility for discounts if you bring required documentation within 45 days of the visit.
- You need to reapply yearly for Sliding Fee Discount Program to be reassessed for eligibility.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Please list all individuals, including yourself, that meet one of the following criteria:

- All individuals that can be claimed by guarantor on Federal or State income tax returns
- All individuals, who may or may not live together, who share gross income

FAMILY MEMBERS	RELATIONSHIP	DATE OF BIRTH	PureView ACCT # (Office Use Only)
	SELF		

PureView uses IRS Federal Tax Return Total Income as a guideline for income determination plus additional items listed below.

Please list yearly amount for any income item that applies to you:

Income Category	Yearly Amount (\$\$)
Wages, salaries, tips and etc.	
Interest, dividends	
Taxable refunds, credits, or offset of state and income taxes	
Alimony received	
Self-employment, business income	

Income Category	Yearly Amount (\$\$)
Capital Gains, other gains	
Retirement	
Pensions and annuities	
Rental income, trusts and etc.	
Farm income	
Unemployment	
Social Security Benefits	
Any Other income	
Supplemental Security Income (SSI)	
Any cash public assistance or welfare payments from the state or local welfare office	
Veteran's (VA) payments	
Workers compensation	
Child support received	

Your income will be reduced by the following items. Please list yearly amount for any item that applies to you:

Income Category	Yearly Amount (\$\$)
Alimony paid	
Child support paid	

The following documentations are acceptable for verification of income or change of income. Please provide any documentation from the list below to support your income.

Income Acceptable Documentation
Most recent Federal Tax Returns
Two most current pay check stubs
Most current year W2
Letter from employer
Public assistance verification letter
Unemployment checks or letter from unemployment office
Social Security Statement
Copy of checks or bank statements that prove the income (VA, Child Support (2 most recent payments or receipts), Alimony and etc.)
If self-employed, detail of the most recent three months of income and expenses for the business



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- My signature below authorizes the PureView Health Center to release my financial information to St. Peter’s Health or any other medical institution to assist in determining a discount at those institutions.
- I understand that I may be prosecuted under applicable state or federal laws for giving fraudulent information to obtain discounted services at the PureView Health Center/Parker Medical Center.
- By signing this form, I affirm that all information given is an accurate statement of income at the time of this application.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

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**For Office Use Only:**

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

Sliding Fee Discount Program Eligibility Effective Date (the earliest appointment date within 45 days from application received date): \_\_\_\_\_

Number of Dependents: \_\_\_\_\_ Yearly Income: \_\_\_\_\_

Income Code: \_\_\_\_\_ Expiration Date: \_\_\_\_\_