



It is the policy of FMC Rural Health Clinics to provide essential services regardless of the patient's ability to pay. FMC Rural Health Clinics offers discounts 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 performed outside the clinic, including reference laboratory testing (lab is drawn in the clinic but processed outside the clinic), and other such services. You must complete this form every 12 months or if your financial situation changes.

NAME OF HEAD OF HOUSEHOLD

PLACE OF EMPLOYMENT

STREET

CITY

STATE

ZIP

PHONE

Please list spouse and dependents under age 18 who live in your household.

Name	Relationship	Date of Birth

Source	Self	Spouse	Other	Total
Gross wages, salaries, tips, etc.				
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income				
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.

Print name of person completing the application:

Signature

Date

Office Use Only

Patient Name(s): _____

Approved Discount:

Approved by:

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		

Sliding Fee Scale Application



Additional information: