



Sliding Fee Discount Application

It is the policy of PEDIM Healthcare 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		NAME OF HEAD OF HOUSEHOLD		
STREET	CITY	STATE	ZIP	PHONE

Please list spouse and dependents under age 18.

Name		Date of Birth	Name		Date of Birth
SELF			DEPENDENT		
SPOUSE			DEPENDENT		
DEPENDENT			DEPENDENT		
DEPENDENT			DEPENDENT		

Annual Household Income

Source	Self	Spouse	Other	Total
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, alimony, child support, assistance from outside the household, and other miscellaneous 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 family information shown above is correct.

Name(Print)	Date	Signature

Office Use Only

Patient Name: _____

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		

Approval By Office Manager: _____