



FINANCIAL ASSISTANCE APPLICATION

Rural Health Clinics

Sliding Fee Discount Information

It is the policy of Deaconess Health System, Inc., to provide essential services regardless of the patient's ability to pay. Deaconess Health System, Inc., 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 today but not those services or equipment purchased from outside, including reference laboratory testing, drugs, x-ray interpretation by a consulting radiologist, and other such services. You must complete this form every visit to the clinic.

PATIENT NAME: _____ ACCOUNT NUMBER: _____

STREET ADDRESS	CITY	STATE	ZIP	PHONE NUMBER

PLEASE LIST ALL HOUSEHOLD MEMBERS, INCLUDING THOSE UNDER AGE 18.

	NAME	DATE OF BIRTH
SELF		
OTHER		
OTHER		
OTHER		
OTHER		

SOURCE	SELF	OTHER	TOTAL
Gross wages, salaries, tips, etc.			
Income from business and self-employment			
Unemployment compensation, workers compensation, Social Security, Supplemental Security Income, veteran's payments, survivor benefits, pension or retirement income			
Interest, dividends, royalties, income from rental properties, estates, trusts, alimony, child support, assistance from outside the household, and other miscellaneous sources			
Total Income			

I certify that the family size and income information shown above are correct.

Name
(Print)

Date

Signature

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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, two most recent pay stubs or other		
Unemployment compensation, worker's compensation, Social Security, Supplemental Security Income, veteran's payments, survivor benefits, pension or retirement income		
Interest, dividends, royalties, income from rental properties, estates, trusts, alimony, child support, assistance from outside the household, and other miscellaneous sources		

If you are unable to provide verification, you may provide a signed declaration of income.