



## Sliding Fee Discount Application Form

It is the policy of CNS 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 Head of Household (First, Middle Initial, Last)		Place of Employment (Name/Address)		
Address	City	State	Zip	Phone(s):

**List Spouse and any Dependents under age 18**

Name (First, Middle Initial, Last)	Date of Birth	Name (First, Middle Initial, Last)	Date of Birth
Self		Dependent	
Spouse		Dependent	
Dependent		Dependent	
Dependent		Dependent	

**Annual Household Income**

Source of Income	Self	Spouse	Other	Total
Gross wages, salaries, tips, etc.	\$	\$	\$	\$
Income from business, self-employment, and dependents	\$	\$	\$	\$
Unemployment compensation, worker' compensation, Social Security, Supplemental Security Income, public assistance, veteran's 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 miscellaneous sources	\$	\$	\$	\$
<b>TOTAL INCOME:</b>	\$	\$	\$	\$

(Note: Copies of tax returns, pay stubs, or other information verifying income may be required prior to discount approval.)



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I certify that the information provided above is accurate.

Name (Print)	
Signature	Date

CNS Office Use only -----

Person Served name:	
Approved Discount:	
Approved by:	
Date Approved:	

Verification Checklist	YES	NO
Identification/Address Verified? Driver's license, utility bill, employment ID, or other: _____		
Income Verified? Prior year tax return, three most recent pay stubs, or other: _____		
Insurance Verified? Insurance cards		
Verified by: _____		