



Calvary Medical Clinic

“Where Your Healing Begins”

SLIDING FEE DISCOUNT APPLICATION

Sliding Fee Discount Information

It is the policy of CALVARY MEDICAL CLINIC to provide essential services regardless of the patient’s ability to pay. CALVARY MEDICAL CLINIC 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 or equipment purchased from outside, including reference laboratory testing, drugs, and x-ray interpretation by a consulting radiologist, 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.

Name	Date of Birth	Name	Date of Birth	
Source	Self	Spouse	Other	Total
Gross wages, salaries, tips, etc.				
Income from business, self-employment, and dependents				
Unemployment compensation, workers’ compensation, Social Security Income, public assistance, veterans’ payments, survivor benefits, pension or retirement				
Interest, dividends, rents, royalties, income from estates, trusts, educational assistance, 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 income information shown above is correct.

Name
(Print)

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Signature
Date

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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, or employment ID		
Income: Prior year tax return, three most recent pay stubs, or other		
Insurance: Insurance cards		