



SLIDING FEE APPLICATION

<p>Step 1 (PATIENT)</p>	<p align="center">Provide one of the following forms of Income Documentation</p>
	<p><input type="checkbox"/> 2 Most Recent Pay Stubs</p> <p>Stub #1 = \$ _____</p> <p>Stub #2 = \$ _____</p> <p><input type="checkbox"/> Income Tax Return</p> <p>Year: _____</p> <p>Annual Income:\$ _____</p> <p><input type="checkbox"/> Bank Statement</p>
<p>No Documentation (PATIENT)</p>	<p>I understand that if I do not provide Income Documentation within 5 days of my appointment then I will be charged the full price of the visit.</p> <p>Applicant's Signature:</p>

<p>Step 2 (PATIENT)</p>	<p align="center">Number of People in Household</p>
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<p>Step 3 (PATIENT)</p>	<p>In addition to providing the above referenced income documentation, I declare that I do not have any additional income or savings to finance my healthcare costs.</p> <p>Applicant's Signature:</p>
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<p>Step 4 (OFFICE USE)</p>	<p align="center">Comparison of Income to Federal Poverty Guidelines (% of FPG)</p>
	<p align="center">% Discount Allowed from Comparison to FPG</p>

<p>Step 5 (OFFICE USE)</p>	<p>Administrative Approval:</p>
	<p>Approval Date: _____</p> <p align="right">(Expires on ___ / ___ / ___)</p>