

SLIDING FEE DISCOUNT PROGRAM PATIENT APPLICATION

McLaren Health Care

Sliding Fee Discount Application

It is the policy of McLaren HealthCare to provide essential services regardless of the patient's ability to pay. McLaren HealthCare offers discounts based on family size and annual income.

Please complete the following information and return it 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, 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:	
Street Address:	
City:	
State:	
Zip Code:	
Phone Number:	

Please list all household members, including those under the age of 18.

	Name	Date of Birth
Self		
Other		
Other		
Other		
Other		

Source	Self	Other	Total
Gross Wages, Salaries, Tips			
Income from business and self-employment			
Unemployment Compensation, Workers' Compensation, Social Security, Supplemental Security Income, Veterans' Payments, Survivor Benefits, Pension or Retirement Income			
Interest; dividends; royalties; income from rental properties; estates and 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 is correct.

Name (Print)	
Name (Signature)	
Date	

OFFICE USE ONLY

Patient Name: _____

Approved Discount: _____

Approved By: _____

Date Approved: _____

Verification Checklist	Yes	No
Identification/Address: Driver's license, utility bill, employment identification, or other		
Income: Prior year tax return, three most recent pay stubs, or other		

Self-declaration of income may also be used.