

# The Wellness Place, LLC

## Sliding Fee Discount Application

### Sliding Fee Discount Information

It is the policy of The Wellness Place, LLC to provide essential services regardless of the patient's ability to pay. The Wellness Place, LLC 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 other such services. You must complete this form every 12 month 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	Relationship	Date of Birth		Name	Relationship	Date of Birth
	Self				Dependent	
	Spouse				Dependent	
	Dependent				Dependent	
	Dependent				Dependent	

<b>Source</b>	<b>Self</b>	<b>Spouse</b>	<b>Other</b>	<b>Total</b>
Gross wages, salaries, tips, etc.				
Income from business, self-employment, and dependents				
Unemployment compensation, workers' compensation, Social Security, Supplemental 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				
<b>Total Income</b>				

**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

**Office Use Only**

**Patient Name:**  
**Approved Discount:**  
**Approved By:**  
**Date Approved:**

<b>Verification Checklist</b>	<b>Yes</b>	<b>No</b>

Identification/Address: Driver's license, utility bill, employment ID, or		
Income: Prior year tax return, three most recent pay stubs, or other		
Insurance: Insurance Cards		