

WellHealth Clinic

Sliding Fee Discount Application

It is the policy of WellHealth Clinic to provide psychiatric 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.

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
Self		Dependent	
Spouse		Dependent	
Dependent		Dependent	
Dependent		Dependent	

Annual Household Income

Source	Self	Spouse	Other	Total
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 income				
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)	Date
Signature	

Office Use Only

Patient Name	
Approved Discount	
Approved By	
Date Approved	

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