

## Monroe County Health Center Discounted/Sliding Fee Application

It is the policy of Monroe County Health Center to provide essential services to all patients. Discounts are offered based upon family income and size. 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, with the exception of vaccines and dental lab fees. In the hope that your financial situation improves, you must re-apply every year. Please inquire at the front desk if you have questions.

Number of related persons living in your household (including self): \_\_\_\_\_

Total household income: (complete one column)

| Household Member                | Annual | Monthly |
|---------------------------------|--------|---------|
| Self                            |        |         |
| Spouse                          |        |         |
| Dependent Children under age 18 |        |         |
| Total                           |        |         |

**Note:** Include income from all sources including gross wages, tips, social security, disability, pensions, annuities, veteran's payments, net business or self-employment, alimony, child support, military, unemployment and public aid.

I certify that the family size and income information shown above is correct. Copies of tax returns, pay stubs, and other information verifying income will be required before a discount is approved.

\_\_\_\_\_

\_\_\_\_\_

Name (Print)

Signature/Date

**Office Use Only**

Patient Name \_\_\_\_\_ Discount: A B C D (circle one)

Acct # \_\_\_\_\_ Date Approved \_\_\_\_\_ Approved \_\_\_\_\_