

SLIDING SCALE FEE DISCOUNT APPLICATION

At Complete Wellness, Inc., we provide essential services regardless of patients' ability to pay. Discounts are offered based on family size and annual income. Please complete the following information and return to the front office to determine if you or members of your family are eligible for a discount. The discount will apply to all services received at Complete Wellness. This form must be completed every 12 months or when 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	Date of Birth	Name	Date of Birth
SELF		DEPENDENT	
SPOUSE		DEPENDENT	
DEPENDENT		DEPENDENT	
DEPENDENT		DEPENDENT	

NOTE: One of the following is required to verify income:

- | | |
|--|--|
| <input type="checkbox"/> Most recent paycheck stub | <input type="checkbox"/> Employer verification letter |
| <input type="checkbox"/> W-2 form | <input type="checkbox"/> Unemployment/Social Security check stub |
| <input type="checkbox"/> Last income tax return | |

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				

My signature below indicates that I certify that the family size and income information shown above is correct and I authorize Complete Wellness to access information that will confirm the income disclosed on this application.

Name (Print) _____

Signature _____ Date _____

Office Use Only

Patient Name:	
Date Approved:	

Approved Discount:		Approved by:	
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Verification Checklist	Select one in each group
Identification/Address:	<input type="checkbox"/> Driver's license <input type="checkbox"/> Utility bill <input type="checkbox"/> Employment ID <input type="checkbox"/> Other
Income:	<input type="checkbox"/> Prior year tax return <input type="checkbox"/> Most recent pay stub <input type="checkbox"/> Other
Insurance:	<input type="checkbox"/> Insurance Card