



ATTACHMENT B

Sliding Scale and Discount Application

It is the policy of Citizen Advocates to provide essential 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 our Insurance or Billing Specialist to determine if you or members of your family are eligible for a discount.

Please note- if you have a third-party insurance that Citizen Advocates is currently in contract with, we cannot reduce or waive your responsibility for co-pays, deductibles, and co-insurance. Please speak to one of our Billing Specialist’s to inquire if your third-party insurance is in contract with Citizen Advocates. A reduced fee is only available for outpatient services and will not include any services purchased outside of Citizen Advocates, including laboratory testing, drugs, emergency room visits, or other such services.

Name of Head of Household		Place of Employment		
Street	City	State	Zip	Phone

Please list spouse and all dependents under age 18

Name	Date of Birth	Name	Date of Birth
Spouse		Dependent	
Dependent		Dependent	
Dependent		Dependent	
Dependent		Dependent	

Source	Self	Spouse	Other	Total
Gross wages, salaries, tips, etc.				
Income from business, self-employment, and dependents				

Child support/Alimony				
Unemployment Compensation				
Worker's Compensation				
Social Security/Supplemental Security Income				
Disability Income				
Public Assistance				
Veterans/Military Allowance				
Pension or Retirement Income				
Rental Properties				
Other: Interest, dividends, royalties, income from estates, trusts, educational assistance, assistance from outside the household, and other miscellaneous sources, Please explain:				
Total Income				

Note: Copies of tax returns, pay stubs, or other information verifying income is required before a discount is approved. Please attach such information to this application.

I certify that the family size and income information shown above is correct. Providing false information on a Sliding Fee Discount Program application will result in all Sliding Fee discounts being revoked and the full balance of the account restored and payable immediately.

Name (print): _____ Date: _____

Signature: _____

Office Use Only

<input type="checkbox"/> Client has submitted tax returns, pay stub (at least one month's worth), or other information verifying income.	
<input type="checkbox"/> Client doesn't have an insurance that Citizen is in contract that prohibits Sliding Fee Discounts	
Sliding Fee Assigned:	Effective:
Completed by:	Approved by: