

Ville Platte Family Clinic Mamou Family Clinic Savoy Family Clinic Oberlin Family Clinic Basile Rural Health Clinic Elton Rural Health Clinic Savoy Family Healthcare

## **Sliding Fee Discount Application**

It is the policy of Savoy Medical Center Clinics to provide essential services regardless of the patient's ability to pay, Medicare, Medicaid or Children Health Insurance Program Coverage or race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity. Savoy Medical Center Clinics offers discounts based on family size and annual income.

Please complete the following information and return it 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 the clinic, but not those services or equipment purchased outside, including reference laboratory testing, drugs, x-ray interpretation by a consulting radiologist, and other services. **You must complete this form every 12 months, or if your financial situation changes.** 

Name:				
Street:	City:	State:	Zip:	Phone:

Please list all household members, including those under age 18.

	NAME DATE OF BIRTH	
SELF		



SOURCE	SELF	OTHER	TOTAL
Gross wages, salaries, tips, etc.			
Income from business and self-employment			
Unemployment compensation, workers' compensation,			
Social Security, Supplemental Security Income, veterans'			
payments, survivor benefits, pension, or retirement			
income			
Interest; dividends; royalties; income from rental			
properties, estates, and trusts; alimony; child support;			
assistance from outside the household; and other			
miscellaneous sources			
TOTAL INCOME			

I certify that the family size and income information shown above is correct.

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **OFFICE USE ONLY**

Patient Name:	
Approved Discount: _	
Approved By:	
Date Approved:	

Verification Checklist	YES	NO
Identification/Address: Driver's license, utility bill, employment identification, or other		
Income: Prior year tax return, two most recent pay stubs or other		