

Sliding Fee Discount Application

CIBOLA FAMILY HEALTH CENTER

Sliding Fee Discount Information

It is the policy of Cibola General Hospital, Inc. to provide essential services regardless of the patient's ability to pay. Cibola General offers discounts 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. The discount will apply to all services received at this clinic, but not those services or equipment purchased from outside, including reference laboratory testing, drugs, x-ray interpretation by a consulting radiologist, and other such 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, in the table below.

	Name	Date Of Birth
Self		
Other		



Please List all Household Income sources in the table below.

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			

By signing this form, I am certifying 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, three most recent pay stubs, or other		

Self-declaration of income may also be used.