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**Great Lakes Medical Associates, PC
 Sliding Fee Discount Program Application**

It is the policy of Great Lakes Medical Associates, PC, to provide essential care regardless of the patient’s ability to pay. Great Lakes Medical Associates, PC 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 your family members are eligible for a discount.

The discount will apply to all services received at this clinic, but not to services or equipment purchased from outside sources, including reference laboratory testing, prescription drugs, x-ray interpretation by a consulting radiologist, and other similar services. You must complete this form every 12 months or if your financial situation changes.

NAME				
STREET	CITY	STATE	ZIP	PHONE

Household Size – Please list information below for ALL other persons living in your household, including those under the age of 18 (If there are more than six members in the household, please list on a separate page).

	Name	Date of Birth
SELF:		
OTHER:		
OTHER:		
OTHER:		

Source	Self	Other
Gross wages, salaries, tips, etc.		
Income from business and self-employment		
Unemployment compensation, compensation, Social Security, Supplemental Security Income, veterans' payment, survivor benefits, pension, or retirement income.		
Interest, dividends, royalties, income from rental properties, estates, 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, three most recent pay stubs, or other		