Sliding Fee Discount Program Patient Application

Sliding Fee Discount Information:

It is the policy of Sunrise Health Clinics ("Sunrise") to provide essential services regardless of patient ability to pay. Sunrise 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.

This 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.

Patient Information

Name: _____

Address: _____

City, State, Zip Code: _____ Phone: _____

Household Members

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

	Name	Date of Birth
SELF		
OTHER		
OTHER		

OTHER		
OTHER		
OTHER		
OTHER		

Income:

Please list all sources of income for all members of the household.

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.

Printed Name: _____

Signature: _____ Date: _____