

SLIDING FEE DISCOUNT INFORMATION

It is the policy of Quick Care to provide essential services regardless of the patient's ability to pay. Quick Care 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:	 	
Address:	 	
Phone:		

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

	Name	Date of Birth
Self		
Other		

Source	Self	Other	Total				
Gross wages, salaries, tips, etc.	_						
Income from business and self-employment							
Unemployment compensation, workers'							
compensation, Social Security, Supplemental							
Security Income, public assistance, 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 informa	tion shown abov	e is correct.					
Name (print):							
Signature:							
Office Use Only							
Patient Name:							
Approved Discount:							
Approved by:							
Date Approved:							

Verification Checklist		No
Identification/Address: Driver's license, utility bill,		
employment ID, or other		
Income: Prior year tax return, three most recent pay stubs,		
or other		

Self-declaration of income may also be used.