



APPLICATION FOR DISCOUNTS

It is the policy of CVMC Rural Health Clinics to provide essential services regardless of the patient's ability to pay. Discounts are offered depending on household income and size. 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 our office, but not those services which are purchased from outside, such as reference laboratory testing, drugs, x-ray interpretation by a consulting radiologist, and similar services. Please inquire at the front desk if you have any questions.

Number of persons living in your household _____

Total Household Income (complete one column)			
Household Member	Annual	Monthly	Bi-Weekly
Self			
Spouse			
Relatives			
Other			
TOTAL			

NOTE: Include income from all persons in household and income from all sources, including gross wages, tips, social security, disability, pensions, annuities, veteran's payments, net business or self employment, alimony, child support, military, unemployment, public aid, and other.

I certify that the household size and income information shown above is correct. Copies of tax returns, pay stubs, and other information verifying income may be required before a discount is approved and will be provided upon request.

Name (PRINT) _____ Signature _____ Date _____

Office Use Only:

Patient Name: _____ Discount: _____

Date of Service: _____ Approved by _____