

WESTERN SIERRA MEDICAL CLINIC

Sliding Fee Application

It is the policy of Western Sierra Medical Clinic, Inc., to provide essential quality services regardless of the patient's ability to pay. Discounts are offered based upon family income and size. Please complete the following information and return to the front desk or billing department to determine if you or members of your family are eligible for a discount.

The discount will apply to all services received at the Grass Valley, Downieville, mobile van or CoRR locations, but not those services purchased from outside, including reference laboratory testing, drugs, x-ray interpretation by a consulting radiologist, and other such services. In the hope that your financial situation improves, discounts apply only to current, not future services. Nor will this approval be applied retroactively to prior services.

Family Assistance Plan Application

Name of Head of Household:	Place of Employment:
Street, City, State Zip:	Phone, cell phone, message phone:
Health Insurance Plan:	Social Security Number:

Please list spouse and dependents under age 18

Name	Date of Birth	Name	Date of Birth
Self:		Dependent:	
Spouse:		Dependent:	
Dependent:		Dependent:	
Dependent:		Dependent:	

Monthly Household Income

Source	Self	Spouse	Significant Other	Other	Total
Gross Wages, salaries, tips, etc.					
Social security, pension, annuity, and veteran's benefits					
Alimony, child support, military family allotments					
Income from business self employment, and dependents					
Rent, interest, dividend, and other income					
Total Income					

Verification Checklist <i>(attach copies)</i>	Yes	No
Identification/Address: Driver's License, birth Certificate, employment ID, social security card or other		
Income: Prior year tax return, three most recent pay stubs, or other		
Insurance: Insurance cards(s)		
Medicaid: Application made or evidence of rejection		

