SLIDING FEE DISCOUNT APPLICATION

It is the policy of Better Life Partners to provide essential services regardless of the patient's ability to pay. Better Life Partners offers discounts based on family size and annual income.

Please complete the following information and return to the coordinator to determine if you are eligible for a discount.

The discount will apply to all services rendered by Better Life Partners, but not to services or equipment purchased from outside, including drugs. You must complete this form every 12 months or if your financial situation changes.

Name: Date of Birth:

Street Address:_____Apt:_____

City:_____State:_____Zip:_____

Phone:_____

Place of Employment: _____

Spouse:_____Date of Birth:_____

Dependents Under Age 18

Name:_____Date of Birth:_____

Name:_____Date of Birth:_____

Name:_____Date of Birth:_____

Name:_____Date of Birth:_____

Name:_____Date of Birth:_____

Financial Information

Please fill out the following information taking into account the annual/yearly incomes provided by all members of the household including self, spouse, and dependents.
NOTE: Copies of tax returns, paystubs or other information verifying income may be required before a discount is approved.

Gross wages, salaries, tips, personal business, self employment etc._____

Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement _____

Interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources _____

Total:_____

I certify that the family size and income information shown above is correct

Signature:_____

Printed Name:_____

Date:_____

Office Use Only

Patient Name: _____

Approved Discount: _____

Approved by: _____

Date Approved: _____

VERIFICATION CHECKLIST	YES	NO
Identification/Address: Driver's license, utility bill, employment ID	❑	❑
Income: Prior year tax return, three most recent pay stubs, or other	❑	❑