FAULKTON AREA MEDICAL CENTER

Sliding Fee Discount Information

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

Please complete the following information and return to Administration to determine if you or members of your family are eligible for a discount.

The discount will apply to all services received at FAMC, but not those services or equipment purchased from outside, including reference laboratory testing, drugs, and 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 OF HEAD OF HOUSEHOLD				PLACE OF EMPLOYMENT
STREET	CITY	STATE	ZIP	PHONE

Please list spouse and dependents under age 18.

Name	Date of Birth	Name	Date of Birth
SELF		DEPENDENT	
SPOUSE		DEPENDENT	
DEPENDENT		DEPENDENT	
DEPENDENT		DEPENDENT	

Source	Self	Spouse	Other	Total
Gross wages, salaries, tips, etc.				
Income from business, self-employment, and dependents				
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement				
TOTAL INCOME				

NOTE: Most recent IRS Tax return and evidence of the most recent three months income will be required before a discount is approved.

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

Name (Print) Date

Signature

Office Use Only

Patient Name:

Approved Discount:

Approved By:

Date Approved:

Verification Checklist	Yes	No
Identification/Address: Driver's license, utility bill, employment ID, or		
Income: Prior year tax return, three most recent months' income		
Insurance: Insurance Cards		