

**SLIDING FEE DISCOUNT PROGRAM PATIENT APPLICATION**

It is the policy of Wyo Clinic to provide essential services regardless of the patient’s ability to pay. Wyo Clinic 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.

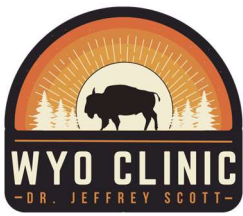
The discount will apply to all services received at this clinic, but not those services or equipment purchased from outside, including reference laboratory testing, prescriptions, diagnostic imaging, and other such services. You must complete this form every 12 months or if your financial situation changes.

NAME				
STREET	CITY	STATE	ZIP	PHONE

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

RELATIONSHIP <sup>1</sup>	NAME	DATE OF BIRTH
Self		

<sup>1</sup> Examples – self, spouse, child, roommate, etc.



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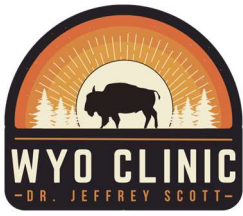
<b>SOURCE</b>	<b>SELF</b>	<b>OTHER HOUSEHOLD MEMBERS</b>	<b>TOTAL</b>
Gross wages, salaries, tips, etc.			
Income from business and self-employment			
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, veterans' payments, survivor benefits, pension, or retirement income			
Interest; dividends; royalties; income from rental properties, estates, and trusts; alimony; child support; assistance from outside the household; and other miscellaneous sources			
<b>TOTAL INCOME</b>			

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

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



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*FOR OFFICE USE ONLY*

APPROVED DISCOUNT \_\_\_\_\_

APPROVED BY \_\_\_\_\_

APPROVAL DATE \_\_\_\_\_

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