

# BENTON MEDICAL CENTER/ MISSOURI RIVER MEDICAL CENTER

## Sliding Fee Discount Application

It is the policy of Benton Medical Center/ Missouri River Medical Center, to provide essential services regardless of the patient's ability to pay. Discounts are offered 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 that are purchased from outside, including reference laboratory testing, drugs, and x-ray interpretation by a consulting radiologist, and other such services. **This form must be completed every 12 months or if your financial situation changes.**

NAME OF HEAD OF HOUSEHOLD			PLACE OF EMPLOYMENT	
	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	
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**Annual Household Income**

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 income				
Interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources				
<b>Total Income</b>				

**NOTE: Copies of tax returns and your most recent three pay stubs are required before a discount is approved. We may also ask for other information verifying income. You will also need to bring in a photo I.D.**

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

Name (Print)

Signature


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, or other			
Income: Prior year tax return, three most recent pay stubs, or other			
Insurance: Insurance Cards			