## Park City Dental, PC

## **Sliding Fee Discount Application**

It is the policy of Park City Dental, PC 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		
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	

## **Annual Household Income**

**Insurance: Insurance Cards** 

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							
Total Income							
NOTE: Copies of tax returns, pay stubs, or other information verifying income are required before a discount is approved.							
I certify that the family size and income information shown above is correct.							
Name (Print)							
Signature		Date [					
Office Use ( 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							