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Patient Statement on Financial Status

The information on this form is true to the best of my knowledge.

Currently I, _____ do not have any source of income, and I am not receiving any form of public assistance. The fees established for the medical services that I receive today will be applied to the sliding fee scale according to my current financial status. I do agree to notify the Platte Valley Medical Clinic if this status changes at any time in the future.

Patient Signature

Date

Received by

Date