

Platte Valley Medical Clinic, P.C.

Sliding Scale Application

It is the **Platte Valley Medical Clinic P.C.** policy to provide essential services regardless of the patient's ability to pay. Discounts are offered depending upon family income and size. Please complete the following information and return to the Billing Office to determine if you or members of your family are eligible for a discount.

The discount will apply to all services received at the clinic but not those services which are purchased from outside such as reference laboratory testing, drugs, x-ray interpretation by a consulting radiologist, and similar services. In the hope that your economic health improves, discounts apply only to current, not future services. This form must be completed every twelve (12) months and approved before seeing a provider. Please inquire at the Billing Office if you have questions.

Number of people living in your house

Name Head of Household		Employer		
Street	City	State	Zip Code	

Please list people living in household.

Name	Date of Birth	Name	Date of Birth
Self		Dependent	
Spouse		Dependent	
Dependent		Dependent	
Dependent		Dependent	
Dependent		Other	
Dependent		Other	

Annual Household Income

Source	Self	Spouse	Dependent	Other	Total
Gross Wages, Salaries, Tips, etc.					
Social Security, Pension, Annuity & Veteran's Benefits					
Alimony, Child Support & Military					
Income from Business Self Employme					
Rent, Interest Dividend & Other Incom					

Please turn over, view the Verification Check List, attach requested items, sign & date the application. Your application will not be processed if your application is not complete and documentation is not attached.

Verification Check List (attach copies)

Our office will make copies of your original documents if needed.

Required Documentation	For Office Use	
Identification/Address: Driver's License, Social Security Card	Yes	No
Income: Last year's tax return, last three (3) check stubs for all employed applicants	Yes	No
Current Insurance, Medicare or Medicaid information.	Yes	No

I certify that the information above is correct and that verification is required for approval.

Print Name _____

Signature _____

Date _____

FOR OFFICE USE ONLY

Received Date: _____

Discount Amount: _____

Approval Date: _____

Expiration Date: _____

Approved By: _____