



**Patient Financial Assistance  
Sliding Fee Discount Application**

It is the policy of the Pioneer 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 it to Pioneer Medical Center to determine if you or members of your family are eligible for a discount.

There are certain service exclusions that are not typically eligible for financial assistance which include but are not limited to long term care, assisted living, adult day care, and not medically necessary services.

Please complete the following:

Name of Head of Household		Place of Employment	
Street Address	Mailing Address	City, State	Zip Code
Home Telephone Number		Cell Phone Number	

Please list spouse and dependents under the age of 18.

Name	Date of birth	Name	Date of Birth
Self		Dependent	
Spouse		Dependent	
Dependent		Dependent	
Dependent		Dependent	

**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, pay stubs, or other information verifying income may be 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 only**

Applicant 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		