



Sliding Fee Discount Application

Sliding Fee Discount Information

It is the policy of Little Colorado Physicians Office to provide essential services regardless of the patient's ability to pay. LCPO offers discounts based on family size and annual income.

Please complete the following Information and return to the front desk or the Business Office 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 purchased from outside, including reference laboratory testing, drugs, and x-ray interpretation by a consulting radiologist, and other such services. You must complete this form every 12 months or if your financial situation changes.

Please complete the attached application and return with the following:

___ Last Year's Taxes

___ Proof of income

___ Verification of Address

___ Insurance Card(s)

Or Mail information to:

Little Colorado Medical Center
Attn: Financial Counselor
1501 N. Williamson Ave.
Winslow, AZ 86047

(928)289-6335 (phone)

(928)289-0049 (fax)

Requested information due within 30 days.



Sliding Fee Scale Discount Application

PLEASE COMPLETE BOTH SIDES OF THE APPLICATION AND SIGN ON REVERSE SIDE

APPLICATION MUST BE RETURNED BY: _____

DATE: _____ HEAD OF HOUSEHOLD: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ HOME _____ OTHER _____

PLACE OF EMPLOYMENT: _____

Please list members of household including self, spouse, and dependents under 18:

Name	Date of Birth	Name	Date of Birth

Please list all sources of income for the household:

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, veteran's payments, survivor benefits, pension or retirement				
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.

COMMENTS: _____

I CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY DELIBERATE FALSIFICATION MAY LEAD TO DENIAL OF CONSIDERATION.

SIGNATURE _____
DATE

BUSINESS OFFICE USE ONLY

APPROVED DISCOUNT: _____ **APPROVED BY:** _____
DATE APPROVED: _____ **FINAL APPROVAL:** _____

Verification Checklist	Yes	No
Identification/Address: Driver's license, utility bill, employment ID		
Income: Prior Year Tax Return, three most recent pay stubs, or other		
Insurance: Insurance Card(s)		