

ATTACHMENT "B"



APPLICATION FOR SLIDING FEE DISCOUNT PROGRAM

It is the policy of Carson Valley Health to provide essential services regardless of the patient's ability to pay. Discounts are offered depending upon household income and size. Please complete the following information and return it to the Front Desk staff to determine if you or members of your family are eligible for the Sliding Fee Discount Program.

The discount will apply to all services billed by Carson Valley Health provided within Minden Family Medicine, Topaz Ranch Medical Center, CVH (Carson Valley Health) Senior Care and CVH (Carson Valley Health) Outpatient Behavioral Health, but not those services or equipment purchased from outside, including reference lab testing, drugs, 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 inquire with the Front Desk if you have questions.

Number of persons living in your household: _____

Total household income: (complete one column)			
Household Member	Annual	Monthly	Bi-Weekly
Self			
Spouse			
Relatives			
Others			
TOTAL			

NOTE: Include **gross** income from all persons in household and income from all sources, including gross wages, tips, social security, disability, pensions, annuities, Veteran's payments, net business or self-employment, alimony, child support, military, unemployment, public aid, and other.

I certify that the household size and income information shown above is correct. Copies of tax returns, pay stubs, and other information verifying income may be required before a discount is approved.

Name (Print)

Signature

Date
