



Discount/Sliding Fee Application

UMMA Health policy is to provide essential services regardless of the patient's ability to pay. Discounts are offered to all patients depending upon family income and size. Please complete the following information and return to the front desk to determine if you and/or members of your family are eligible for a discount.

The discount will apply to all services received at UMMA but not those services which are purchased from outside such as: drugs, reference laboratory testing, x-ray interpretation by a consulting radiologist and similar services. In the hope that your economic health improves, a new application will be required. The discount will be honored for 12 months, after which you must reapply. Please inquire at the front desk if you have questions.

Number of persons living in your family, (where 'family' consists of all the persons who occupy a housing unit (house or apartment), whether they are related to each other or not): _____

Family Member	Name	Date of Birth	Daily	Weekly	Bi-Weekly	Monthly	Annually
Self							
Spouse							
Dependent							
Other							
Total							

Total family income: _____ *Note:* Include income from all related persons in family and income from all sources including: gross wages, tips, social security, disability, pensions, annuities, veterans' payments, net business or self-employment, alimony, child support, military, unemployment, public aid, and other.

I certify that the family size and income information shown above is correct:

Name (Print)

Signature/Date

STAFF USE ONLY

Verification Checklist (attach copies)	Yes	No	N/A
Identification: Driver's License, employment ID, or another picture ID			
Proof of Address: Driver's License, Utility bill, or other			
Income: Prior year tax return, three most recent pay stubs, or other			
Staff Name: _____	Date Reviewed: _____		