



SLIDING FEE DISCOUNT PROGRAM APPLICATION

Sliding Fee Discount Information

It is the policy of Envision Unlimited to provide essential services regardless of the patient's ability to pay. Envision Unlimited offers discounts based on family size and annual income.

Please complete the following information and return to the financial registrar to determine if you or members of your family are eligible for a discount. You must complete this form every 12 months or if your financial situation changes.

Full Name: _____ **DOB:** _____

Please list all household members, including those under age 18.

Name	Relationship	DOB

Please list all household income:

Source	Self	Other Household Mbr	Total
Gross wages, salaries, tips, etc.			
Income from business and self-employment			
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, veterans' payments, survivor benefits, pension, or retirement income			
Interest; dividends; royalties; income from rental properties, estates, and trusts; alimony; child support; assistance from outside the household; and other miscellaneous sources			
TOTAL INCOME			

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

Client Signature: _____ **Date:** _____

Approved Discount (See attached Schedule): ___ Minimum Fee ___ 50% Subsidized Fee ___ 25% Subsidized Fee

Staff Signature: _____ **Date:** _____ **Proof of Income Rec'd (Y/N):** _____