

823 Center Ave, Payette, ID 83661 • Ph (208) 642-3396 • Fax (208) 642-9060

## **Sliding Scale Discount Application**

Patient Name:			Dа	ite of Birth:		22IV:		
It is the policy of Health pay. HWH offers a sliding Guidelines under which give this form to the bi	ng scale discount b h patients can qua	pased ( lify for	upon annua reduced co	al income and osts for service	family size as def	fined by the Fe	deral Poverty	
Proof of income may be prior year completed in income receipts. This is and/or medical insurar received or purchased	ncome tax forms, p nformation must b nce status changes from other health	pay stude e upda . The concern care p	ibs from the ated a mining discount will roviders, inc	e last three me mum of annua I apply to all s cluding those	onths, or unempl ally and any time ervices received to which you are	oyment or oth your househol at this clinic, be referred.	er benefits Id income size ut not services	
Name of Head of Hous	ehold			Place of Employment				
Address								
Street			Ci	ity	State		Zip	
Home Phone				Mobile	Phone			
Please list spouse and	dependents under	the ag	ge of 18.					
Name		Dat	e of Birth		Name		Date of Birth	
Self				Dependent				
Spouse				Dependent				
Dependent				Dependent				
Dependent				Dependent				
Please list all househol Source	d income.		Spouse		Other	Total		
Gross wages, salaries,	3011		Spouse		Other	Total		
tips, etc								
Unemployment, workman's comp, Social Security								
Public assistance, veteran's payments								
veteran a payments	1		1		İ	I		

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Pension, retirement income		
Interest, dividends, rents, royalties, child support, alimony, and other misc sources		
Total		

## PLEASE READ AND SIGN

I certify that the statements regarding persons or income in my household are true and correct to the best of my knowledge. I further understand that if any information if found to be inaccurate, I may be denied a discount. I agree to notify HWH of all changes in income, address, living arrangements, number of household members, and/or circumstances. I understand that the information given above will be kept confidential except for the purposes noted above and not be released without my written permission.

Signature:	Date:
Jigiliature	Datc

Thank you for your cooperation in making this program a success!

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