Sliding Fee Discount Application

Small Smiles of Reno

Sliding Fee Discount Application

It is the policy of Small Smiles of Reno to provide essential services regardless of the patient's ability to pay. Discounts are offered based on family size and annual income. Please complete the following information and return to the front desk 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 that are purchased from outside, including reference laboratory testing, drugs, and x-ray interpretation by a consulting radiologist, and other such services. This form must be completed every 12 months or if your financial situation changes.

NAME OF HEAD OF HOUSE	:HOLD		PLACE OF	EMPLOYMENT	
STREET	CITY	STATE	ZIP	PHONE	
<u>L</u>	-			AND PARTY AND PA	-

Please list spouse and dependents under age 18.

Name	Date of Birth	Name	Date of Birth
SELF	DEF	PENDENT	
SPOUSE		ENDENT	
DEPENDENT		ENDENT	
DEPENDENT		ENDENT	

Annual Household Income

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, veterans' payments, survivor benefits, pension or retirement income				
Interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources	8			
Total Income				

NOTE: Copies of tax returns, pay stubs, or other information verifying income may be required before a discount is approved.

certify that the fami	y size	and income	information	shown	above	is	correct.
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Name (Print)			
Signature		Date	enteritera Anno Colendo en Conso Charle Anno y Saltino y Oyumun
	Office Use Only		u kindhenka dingulandanka lamuyin kabu en Madeuroa kudhu
Patient Name:	Office Ose Only		
Approved Discount:			
Approved by:			
Date Approved:			

Verification Checklist	Yes	No
Identification/Address: Driver's license, utility bill, employment ID, or other		
Income: Prior year tax return, three most recent pay stubs, or other		***************************************
Insurance: Insurance Cards		