



CRISIS PREPARATION AND RECOVERY, INC.

"Helping People and Organizations Survive"

Sliding Fee Discount Application

It is the policy of Crisis Preparation and Recovery Inc., 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 pharmacy, laboratory testing, drugs, x-ray interpretation by a consulting medical professional, and other such services. This form must be completed every 12 months or if your financial situation changes.

NAME OF HEAD OF HOUSEHOLD			PLACE OF EMPLOYMENT	
STREET	CITY	STATE	ZIP	PHONE

Insurance (if any): _____

Please list spouse and dependents

SELF	DOB	DEPENDENT	DOB
SPOUSE	DOB	DEPENDENT	DOB
DEPENDENT	DOB	DEPENDENT	DOB
DEPENDENT	DOB	DEPENDENT	DOB

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				
Total Income (per year)				

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

By signing below, I certify the family size and income information shown above is correct. If needed, I will provide supporting documentation.

Signature Date

Print Name

Office Use Only

Patient Name: _____

Approved Discount: _____

Approved by: _____

Date Approved: _____

Verification Items	Yes	No
Identification/Address: Driver's License, utility bill, other ID		
Income: Prior year tax returns, recent pay stubs, other		
Insurance: Insurance Card		