HIGH ROCK INTERNAL MEDICINE

Please complete the following information and return it to the front desk to determine if you or members of your family are eligible for a discount. (**Please allow 15 days from date completed for processing)** The discount will apply to all services received at this clinic, but not those services or equipment purchased from outside, including reference laboratory testing, drugs, x-ray interpretation by a consulting radiologist, and other such services. You must complete this form every 12 months or if your financial situation changes.

NAME:_____**DATE OF BIRTH**_____

ADDRESS:_____**CITY**_____

STATE_____ **ZIP CODE**_____**PHONE NUMBER**_____

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

	NAME	DATE OF BIRTH
SELF		

Income Information:

Source	Self	Other	Total
Gross Wages, Tips, Salaries, Etc.			
Income from business/self-employment			
Unemployment compensation, Workers Compensation, Social Security, Veterans payments, Survivor benefits, pension, or retirement benefits			
Interest, dividends, royalties, rental income, estates,trusts, alimony, child support, assistance to household from outside source, or other misc. source			
Total Income			

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

Signature:_____Date:_____

Verification Check List	Yes	No
Identification/Address: Driver's License, ID , utility bill		
Income: Prior Year Tax Return, W-2 or three most recent paystubs		

OFFICE USE ONLY

Patient Name: _____

Approved Discount: _____

Approved by: _____

Date Approved: _____

Sliding Fee Scale

# Persons in Family	FPG for 2025 for 48 US	SFS $50 ONLY	SFS 70% (30% Discount)	SFS 85% (15% Discount)	SFS 100% (No Discount)
1	$15,060	0 to 15,060	15,061 to 22,590	22,591 to 30,120	> 30,120
2	$20,440	0 to 20,440	22,441 to 30,660	33,661 to 40, 880	> 40,880
3	$25,820	0 to 25,820	25,821 to 38,730	38,731 to 51,640	> 51, 640
4	$31,200	0 to 31,200	31,201 to 45,800	45,801 to 62,400	> 62,400
5	$36,580	0 to 36,580	36,581 to 46,800	46,801 to 73,160	> 73,160
6	$41,960	0 to 41,960	41,961 to 54,870	54,871 to 83,920	> 83,920
7	$47,340	0 to 47,340	47,341 to 71,010	70,011 to 94,680	> 94,680
8	$52,720	0 to 52,720	52,721 to 79,080	79,081 to 105,440	>105, 440