

Mid-Delta Health Systems

Application for Reduced Fees

It is necessary for us to ask personal questions in order to give you a discount on your medical/dental expenses. This information will be kept on file in our clinic in strict confidence. You must verify your income at least once every year. Proof of Household Income may include:

- Your yearly income tax return with a copy of your W-2 form
- 2 current pay check stubs
- A copy of your social security checks
- Checks or documents or Other income you may receive

Your annual household income will be used to calculate the level of your discount.

Responsible Party Name: _____ Acct# _____
Address: _____ City: _____ State: _____ Zip _____
DOB: _____ SSN# _____ - _____ - _____ Telephone: _____

***TOTAL number living in your household, include yourself:** _____

Marital Status(Circle One): Single Married Separated Divorced Widow(er)

***Is anyone in your household employed?** Yes or No

I declare the above information is true and I have given MDHS permission to investigate any information given in this application. I understand that this information will be kept in strict confidence. I also understand that if my income should change that I am required to notify the receptionist on my next visit.

Responsible Party Signature Date Interviewer Signature

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Weekly Gross Pay \$ _____ x4.334=
Bi-Weekly Gross Pay \$ _____ x2.167=
Twice Monthly Gross Pay \$ _____ x2.00=
Monthly Gross Pay \$ _____ x 12=

Totals x 12 Months

Total Annual Income: \$ _____

Expiration Date: _____ (1 year from today)