

# Southcentral Foundation

## Application for Discount Fee

The Discount Fee Scale is a method for providing reduced fees based on a household's size and income. To be eligible, the following application must be completed every year or with any change in household income or size. If you have health care insurance, your insurance company will be billed. Customer-owners who are Indian Health Services (IHS) beneficiaries may have their balance for services received covered by IHS.

**1. ALL MEMBERS OF HOUSEHOLD:**

List **all** of the family members/persons who live in the same household and share one "pooled income."

	First Name	Last Name	Birthdate
1			
2			
3			
4			
5			
6			

\*Complete another application if more than 6 in household

**2. HOUSEHOLD ADDRESS:**

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

**3. HOUSEHOLD INCOME:**

Household income is defined as the total gross income (prior to deductions) of all persons, living in the same home under one "pooled income." Income is further defined as retirement income, unemployment income, grants, annuities, and proceeds from the sale of property, assets including stock dividends, permanent fund

	Annual Income	Equivalent Monthly Income
<input type="radio"/>	Below \$15,000	Below \$1,250
<input type="radio"/>	\$20,000	\$1,667
<input type="radio"/>	\$25,000	\$2,083
<input type="radio"/>	\$30,000	\$2,500
<input type="radio"/>	\$35,000	\$2,917
<input type="radio"/>	\$40,000	\$3,333
<input type="radio"/>	\$45,000	\$3,750
<input type="radio"/>	\$50,000	\$4,167
<input type="radio"/>	\$55,000	\$4,583
<input type="radio"/>	\$60,000	\$5,000
<input type="radio"/>	\$65,000	\$5,417
<input type="radio"/>	\$70,000	\$5,833
<input type="radio"/>	\$75,000	\$6,250
<input type="radio"/>	\$80,000	\$6,667
<input type="radio"/>	\$85,000	\$7,083
<input type="radio"/>	\$90,000	\$7,500
<input type="radio"/>	\$95,000	\$7,917
<input type="radio"/>	\$100,000	\$8,333
<input type="radio"/>	\$105,000	\$8,750
<input type="radio"/>	\$110,000+	\$9,167+
<input type="radio"/>	Decline*	Decline*

\* **DECLINE:** By selecting this option, I understand that I may be responsible for bills incurred.

I, the undersigned, have completed this application for Discount Fee eligibility and confirm that this information is true and correct to the best of my knowledge. I further understand that any change in financial status or the number of people in my household must be reported and a new application must be completed, I understand that there will be a review of my application with the possibility of discount percentage changes each year. I understand any falsifications or the failure to report any changes may result in disqualification for the Discount Fee adjustment.

**Signature:** \_\_\_\_\_ **MRN:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_