

Sliding Fee Discount Application

It is the policy of Western Wisconsin Health Clinic to provide essential services regardless of the patient's ability to pay. WWH offers discounts based on family size and annual income.

Please complete the following information and return to the financial counselor or business office manager 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 purchased from outside, including reference laboratory testing, drugs, and 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 of Household			Place of Employment	
Street	City	State	Zip	Phone

Name – Self/Dependents	Date of Birth	Name – Self/Dependents	Date of Birth

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				
Interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources				
Total Income				

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

Print name			
Signature		Date	

Office Use Only

Patient Name	
Approved Discount	
Approved by	
Date Approved	

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