

Fee Discount Application

It is the policy of **Betty DeBerry-Sumner-LLC** 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 practice, but not those services or equipment that are purchased from outside, including medications. This form must be completed every 12 months or if your financial situation changes.

Name: _____

Place of Employment: _____

Address (City, State, Zip): _____

Phone Number: _____

Date of Birth: _____

Please list spouse and dependents under age 18.

Name	Relationship	Date of Birth

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				

Source: Adria Schmedthorst, Kareo Go Practice