



### Application for Reduced Fee

This application represents a request for reduced fee based on the inability to pay due to economic hardship. It is the understanding that this application will be reviewed only if all items have been completed and we have one out of the three supporting documentation requests when application is turned in. Further, it is understood that any change in your economic circumstance requires that your fee be reviewed again. For example, if you obtain employment, obtain health insurance, get married or receive an inheritance your statement must be reviewed again. Your reduced fee status, if granted, will be review annual. At that time you will need to have supporting documentation for continued use of a reduced fee.

Name of Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Required Documentation: Only 1 out of the 3 documents are needed for review (check box)

- Recent Tax Filing 1040 Form
- 4 weeks of current paystubs
- Social Service Award Letter

Total Household income based on **paystubs** MONTHLY: \_\_\_\_\_

Total Household income based on **Tax information or Award Letter** YEARLY: \_\_\_\_\_

Please List (including yourself) the household members that are supported with this income:

Name	Relationship	Age

Are you listed as a dependent of your parents' or anyone else's income tax?                      Yes                      No

I do hereby state and affirm that all of the information provided is accurate and truthful. I recognize that knowingly providing inaccurate information Constitutes fraud.

NAME: (please print): \_\_\_\_\_ SS# \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Any question please contact the Clinic Administrator (434) 924-0806 or Billing Specialist (434) 924-1406