

Rural Medical Services, Inc.
Sliding Fee Scale Policy: Proof of Income

Name: _____

Date of Birth: ____/____/____

In order to complete your sliding fee application process, you must provide proof of income. This proof can be a W-2 form, payroll check stub, letter from employer, income tax form; or if applicant has already had eligibility determination from another agency, such as Food Stamp Office, DHS, WIC, or Public Housing, a copy of this card can be used as proof.

You have been given provisional approval today and sliding fee scale will be given to you based on your declaration of income on your application. On your next visit, however, you must provide us with proof of income or your charge will be placed back at full pay.

Thank you.

Signature

Date

Witness

Date