

Income Verification

Income is defined as the total annual income for the household before taxes. Income must be reported for each member of the household that makes up the family size.

Please list the total amount of annual income received from each source for all members of your household.

Source	Self (Enter \$ amounts)	Other family members (Enter \$ amounts)	Total
Gross wages, salaries, tips, etc.			
Income from business and self-employment.			
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, veterans' payments, survivor benefits, pension, or retirement income.			
Interest; dividends; royalties; income from rental properties, estates, and trusts; alimony; child support; assistance from outside the household; and other miscellaneous sources.			
TOTAL INCOME:	\$	\$	\$

Proof of income: For every individual in your household who receives income, please provide the two (2) most recent pay stubs or equivalent proof of income.

Insurance Information

Please be assured that your insurance status is **NOT** considered when determining your eligibility for discount.

Do you have insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, please provide information of your primary & any secondary insurance below.

Primary Insurance		Secondary Insurance
Insurance Plan Name		
Policy Number		
Group Number		
Subscriber Name		
Subscriber date of birth		
Subscriber relationship to applicant		
Effective date of coverage		

Affidavit of Income

I hereby certify that the information I have provided is true, accurate, and complete to the best of my knowledge and belief.

Printed Name _____ Signature _____ Date _____

– OFFICE USE ONLY –

Patient Name: _____ MRN: _____

Approved Discount: _____ Reviewed By: _____ Date Reviewed: _____

Verification Checklist	Yes	No
Identification/Address: Driver's license, utility bill, employment identification, or other	<input type="checkbox"/>	<input type="checkbox"/>
Proof of income	<input type="checkbox"/>	<input type="checkbox"/>