

## Norkris Services, Inc. Sliding Fee Discount Application

It is the policy of Norkris Services, Inc. to provide essential services regardless of the patient's ability to pay. Norkris Services offers discounts based on family size and annual income. Please complete the following information and return to via US mail or 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 Norkris Services, but not those services or purchased from outside, including reference laboratory testing, drugs, imaging interpretation by a consulting radiologist, and other such services. You must complete this form every 12 months or if your financial situation changes.

Name:		
Employer:		
Home Address:		
City:	State:	Zip:
Phone Number:		

**Please list all household members, including those under age 18:**

	Name	Date of Birth
SELF		
OTHER		
OTHER		
OTHER		
OTHER		

Source	Self	Other	Total
Gross wages, salaries, tips, etc.			
Income from business and self-employment			
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, 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			
<b>Total Income</b>			

I certify that the family size and income information shown above is correct.

Name (PRINT): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

**Patient Name:** \_\_\_\_\_

**Approved Discount:** \_\_\_\_\_

**Approved By:** \_\_\_\_\_

**Date Approved:** \_\_\_\_\_

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