PEACE BALANCE AND JOY CONSULTING

Sliding Fee Discount Information

It is the policy of PEACE BALANCE AND JOY CONSULTING to provide essential services regardless of the patient's ability to pay. PB and J offers discounts 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 clinic, but not those services or equipment purchased from outside, including reference laboratory testing, drugs, and x-ray interpretation by a consulting radiologist, and other such services. You must complete this form every 12 months or if your financial situation changes.

	orniproto trilo territ every 12 mentino er ir jeur milanolar eltuation enanges.							
Ī	NAME OF HEAD OF HOUSEHOLD			PLACE OF EMPLOYMENT				
I								
ļ								
ł	STREET	CITY	STATE	ZIP	PHONE			
i								
Ī								
Į								

Please list spouse and dependents under age 18.

Name	Date of Birth	Name	Date of Birth
SELF		DEPENDENT	
SPOUSE		DEPENDENT	
DEPENDENT		DEPENDENT	
DEPENDENT		DEPENDENT	

Source		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							
Interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources							
Total Income							
NOTE: Copies of tax returns, pay stubs, or other information verifying income may be required before a discount is approved. I certify that the family size and income information shown above is correct.							
Name (Print) Signature	Da	te					
Office Use Only							
Patient Name: Approved Discount: Approved by: Date Approved:							

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