MERCY CHILDREN'S CLINIC

Sliding Fee Scale Certification Form

IMPORTANT NOTE: If you do not wish to qualify for assistance or feel that you do not qualify based upon annual income, you do not need to fill out this form. Please notify the receptionist and you will be set up in a category where you will be responsible for 75% of billed charges.

A. DEMOGRAPHIC INFORMATION (required)

PATIENT INFORMATION

Last Name	First Name

HEAD OF HOUSEHOLD

Last Name	First Name	
Birth Date (mm/dd/yy)	SSN	
Employer Name	Work Phone ( )	
Address		
City	State	Zip

B. FAMILY INCOME INFORMATION (required)

1. Please check all sources of income that apply to your household.
2. Please list below all family members or other dependents who live in the home.
3. For each household member, list gross wages / income per month (money earned before taxes).

Sources of Household Income: ❑ Work Wages / Salaries ❑ Social Security Check ❑ Welfare Check ❑ Disability Check ❑ Tips ❑ Dividends ❑ Child Support ❑ Alimony ❑ Commissions ❑ Other:

Name (Head of Household):	Age:	Monthly Gross Income:
Name:	Age:	Monthly Gross Income:
Name:	Age:	Monthly Gross Income:
Name:	Age:	Monthly Gross Income:
Name:	Age:	Monthly Gross Income:
Name:	Age:	Monthly Gross Income:
Name:	Age:	Monthly Gross Income:
Name:	Age:	Monthly Gross Income:

C. STATEMENT OF CERTIFICATION (required)

Mercy Children's Clinic is a not-for-profit, faith-based pediatric clinic. Our mission is to provide healthcare to all children regardless of their socioeconomic status and/or ability to pay. In other words, we exist to make sure that all children have access to a doctor and not just those whose families are fortunate enough to have health insurance.

I certify that the information given above is true and accurate. I further certify that I understand that false information could result in my losing reduced fee eligibility at Mercy Children's Clinic.

Signature	Date

FOR OFFICIAL USE ONLY

Total Number in Household	Total Monthly Household Income $	x12 = $
Self Pay Category A B C D E F	MCC Employee Initials	Date