



It is the policy of Greenville Family Medicine to provide essential services regardless of the patient's ability to pay. Greenville Family Medicine offers discounts based on family size and annual income.

Any discount for which you are eligible will apply to services received at this clinic, but not those services or equipment purchased outside, including laboratory testing, immunizations, or other such services. This form must be completed every 12 months or sooner if your financial situation or family size changes.

Name: _____ Phone Number: _____

Please list all household members, including those under age 18, residing at the address listed in the Personal Information section.

[illegible]



Income Information

Source	Self	Other	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, other miscellaneous sources			
TOTAL INCOME			

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

Signature: _____

Date: _____

OFFICE USE ONLY

Identity and address verified using driver's license, bill/invoice, other: ☐ Yes ☐ No

Income verified using tax return, bank statement, most recent pay stubs or other: ☐ Yes ☐ No

Approved discount: ☐ \$10.00 fee ☐ 90% ☐ 70% ☐ 50% ☐ 40%

Approved by: _____

Date: _____