



187 Burt Blvd. Suite B., Benton, LA 71006
(318) 935-5007

SLIDING SCALE FEE APPLICATION

Client Full Name: _____

Date of Birth: _____ Social Security Number: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

A completed application including required documentation of the home address, household income, and insurance coverage must be on file and approved before a discount will be granted. If the applicant appears to be eligible for Medicaid, a written denial of coverage by Medicaid may also be required.

Note: Include income from all sources, including gross wages, tips, social security, disability, pensions, annuities, veteran's payments, net business or self-employment, alimony, military, child support, unemployment, and public aid.

- Annual Income:
 - Self: _____
 - Spouse: _____
 - TOTAL: _____
- Number of persons living in your household: _____
- Number of Dependent Children under the age of 18: _____

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

Copies of tax returns, pay stubs, and other information verifying income may be required before a discount is approved.

Client Signature: _____ Date: _____