



Sliding Fee Discount Application

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

The discount will apply to all services received at this clinic, but not those services or equipment purchased from outside, including reference laboratory testing, imaging services, prescriptions, or other such services.

Please complete the following application and return to Pratt Family Practice with the requested verification documents. You will be notified once your application has been processed. You must complete this form every 12 months or if your financial situation changes.

Name of Head of Household		Place of Employment		
Head of Household Street	City	State	Zip	Phone

Please list all household members including yourself, spouse, and those under the age of 18.

Name	Date of Birth	Relationship
		Self

"Family is defined as a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered as members of one family." per NHSC May 2024

Source of Income	Self	Spouse	Other	Total
Gross Salary, Wages, Tips, Self-Employment				
Unemployment, Social Security, Veterans' Payments, Pension, Retirement, Worker's comp				
Alimony, Child Support, Military, Trusts				
Rent Income, Interest, Dividends, Royalty, Other				
Total Income				

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

Print Name:	
Signature:	Date:

Office Use Only

Approved Discount Percentage:	Date Approved:
Approved By:	Expiration Date:

Verification Checklist	Yes	No
Identification: Driver's License, utility bill, employment identification, or other		
Income: Prior year tax return, three most recent pay stubs, or other		
Insurance Cards, if applicable		