



## Sliding Fee Discount Application

### Sliding Fee Discount Information

It is the policy of the Community Health Center of Franklin County to provide essential services regardless of the patient's ability to pay. The Community Health Center of Franklin County offers discounts based on family size and annual income to established patients.

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.

NAME OF HEAD OF HOUSEHOLD		DATE OF BIRTH		PLACE OF EMPLOYMENT	
STREET	CITY	STATE	ZIP	PHONE	

**Please check which department(s) you are a patient of:**

- Medical Patient**
                    
  **Dental Patient**
                    
  **Behavioral Health Patient**

**Please list spouse and dependents under age 18 and indicate which department they are patients of:**

Name	Date of Birth	Relationship	Medical	Dental	Behavioral Health

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

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Greenfield Medical & Dental**  
 102 Main Street  
 Greenfield, MA 01301  
 Tel: (413) 325 - 8500

**Urgent Dental Care**  
 164 High Street  
 Greenfield, MA 01301  
 Tel: (413) 325 - 8700

**Orange Medical & Dental**  
 450 W River Street  
 Orange, MA 01364  
 Tel: (978) 544 - 7800



OFFICE USE ONLY

Source	Self	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				
<b>Total Yearly Income</b>				
<b>NOTE:</b> Copies of tax returns, pay stubs, or other information verifying income must be required before a discount is approved.				

<b>PATIENT NAME:</b>	
<b>APPROVED DISCOUNT:</b>	
<b>APPROVED BY:</b>	<b>DATE APPROVED:</b>

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		

**Greenfield Medical & Dental**  
 102 Main Street  
 Greenfield, MA 01301  
 Tel: (413) 325 - 8500

**Urgent Dental Care**  
 164 High Street  
 Greenfield, MA 01301  
 Tel: (413) 325 - 8700

**Orange Medical & Dental**  
 450 W River Street  
 Orange, MA 01364  
 Tel: (978) 544 - 7800