Chiropractic Bio-TuneUps

Sliding Scale Discount Application

Discounts are offered based on family size and annual income. Please complete the following information and return it to the office manager, Charlene, to determine if you and the members of your family are eligible for a discount.

The discount will **ONLY** apply to the office visit and treatments (services already discounted are **NOT** eligible for sliding scale discount). Supplements and other inventory will **NOT** be part of the sliding scale discount. Patients who will be submitting to insurance are **NOT** eligible for the sliding scale discount. This form must be completed every 12 months or if your financial situation changes.

_____ _____

Name Date

_____

_____

Address

Please List Spouse/Significant Other and Dependents under 18.

Name	Date of Birth	Name	Date of Birth
SELF		DEPENDENT	
SPOUSE/SO		DEPENDENT	
DEPENDENT		DEPENDENT	
DEPENDENT		DEPENDENT	
DEPENDENT		DEPENDENT	

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Annual Household Income

Source	Self	Spouse/SO	Other	Total
Gross Wages, Salaries, Tips, etc.				
Income from Business, Self-Employment				
Unemployment, Workers Compensation, Public Assistance, Veterans payments				
Alimony, Child Support, Survivor Benefits				
Social Security, Supplemental Security Income, Pension or Retirement Income				
Interest, Dividends, Rents, Royalties, Income from Estates, Trusts and Other Miscellaneous sources				

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

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

_____ _____

Name (Print) Date

_____

Signature

Office Use Only

Patient Name: _____

Approved Discount Code: _____

Approved By: _____ **Date Approved:** _____

Verification Checklist	Yes	No
Identification / Address: Drivers license, utility bill, employment ID or Other		
Income: Prior years tax return, 2 most recent pay stubs or other		