

MID-VALLEY COMMUNITY CLINIC PLLC

Sliding Fee Discount Application

It is the policy of MVCC to provide essential services regardless of the patient's ability to pay. Discounts are offered based on family size and annual income. 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 Office Visits received at this clinic, but not those services or equipment that are purchased from outside, including reference laboratory testing, drugs, and x-ray interpretation by a consulting radiologist, and other such services. Ultrasounds and other office procedures will be discounted at 30% payment at time of service. This form must be completed every 12 months or if your financial situation changes.

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

Please list spouse and dependents under age of 18.

Name	Date of Birth	Name	Date of Birth
Self		Dependent	
Spouse		Dependent	
Dependent		Dependent	
Dependent		Dependent	

