

Carlsbad LifeHouse

Sliding Fee Discount Application

It is the policy of Carlsbad LifeHouse to provide essential services regardless of the patient’s ability to pay. Carlsbad LifeHouse offers discounts 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 services received at this clinic, but not those services or equipment purchased from outside, including reference laboratory testing, drugs, 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:		
ADDRESS:		
CITY:	STATE	ZIP
PHONE:		
EMAIL:		

List all Household members under the age of 18 years of age

Relationship	Name	Date of Birth	
SELF			
SOURCE		Self	Other
Gross wages, salaries, tips, etc.			
Income from business and self-employment			
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, veterans' payments, survivor benefits, pension or retirement income			
Interest; dividends; royalties; income from rental properties, estates, and trusts; alimony; child support; assistance from outside the household; and other miscellaneous sources			
TOTAL			

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

(Print Name)	
Signature	Date