



Please list the annual income and all sources of income for the whole family:

Source	Self	Others	Total
Gross wages, salaries, tips, commissions, etc.			
Income from business and self-employment			
Unemployment, 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 Income per Year			

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

Patient or Guarantor Name (print): \_\_\_\_\_

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

Signature

### Office Use Only

Patient Account Number(s)	Approved Discount:
Approved by:	Date Approved:

### Verification and Set Up Check List

Identification/Address	Source / Completed by	Date
Identification/Address: Driver's license, utility bill, employment ID, or other		
Income: Prior year tax return, three most recent pay stubs, or other		
Decision Letter Sent		
Patient Account Set up in Practice Management system		