



It is the policy of Bowling Green Medical Group to provide essential services regardless of the patient's ability to pay. Bowling Green Medical Group offers discounts based on the 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 in this clinic, but not those services or equipment purchased from outside, including reference lab testing, drugs or other such services. You must complete this form every 12 months or if your financial situation changes.

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

Please list yourself, Spouse, and other members of your household under the age of 18.

Name	Date of Birth	Name	Date of Birth
Self:		Other:	
Spouse:		Other:	
Other:		Other:	
Other:		Other:	

Source	Self	Spouse	Other	TOTAL
Gross wages, salaries, tips, etc.				
Income from business, self-employment, and others				
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, alimony, child support, assistance from outside the household, and other miscellaneous sources				
TOTAL INCOME				

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.

Patient Name (Print)

Date

Patient Signature

Office Use Only

Patient Name: _____

Approved Discount: _____

Approved by: _____

Date Approved: _____

Verification	Yes	No
Identification/Address: Driver's license, utility bill, employment ID, other		
Income: Prior year tax return, three most recent pay stubs, other		