



Sliding Fee Discount Application

Sliding Fee Discount Information

It is the policy of the Community Health Center of Franklin County to provide essential services regardless of the patient's ability to pay. The Community Health Center of Franklin County offers discounts based on family size and annual income to established patients.

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, and 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 OF HEAD OF HOUSEHOLD		DATE OF BIRTH		PLACE OF EMPLOYMENT		
STREET	CITY	STATE	ZIP	PHONE		

Please check which department(s) you are a patient of:

- Medical Patient
 Dental Patient
 Behavioral Health Patient

Please list spouse and dependents under age 18 and indicate which department they are patients of:

Name	Date of Birth	Relationship	Medical	Dental	Behavioral Health

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

Name (Print): _____

Signature: _____

Date: _____

Greenfield Medical & Dental
 102 Main Street
 Greenfield, MA 01301
 Tel: (413) 325 - 8500

Urgent Dental Care
 164 High Street
 Greenfield, MA 01301
 Tel: (413) 325 - 8700

Orange Medical & Dental
 119 New Athol Road
 Orange, MA 01364
 Tel: (978) 544 - 1576



OFFICE USE ONLY

Source	Self	Spouse	Other	Total
Gross wages, salaries, tips, etc.				
Income from business, self-employment, and dependents				
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, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources				
Total Yearly Income				
NOTE: Copies of tax returns, pay stubs, or other information verifying income must be required before a discount is approved.				

PATIENT NAME:	
APPROVED DISCOUNT:	
APPROVED BY:	DATE APPROVED:

VERIFICATION CHECKLIST	YES	NO
IDENTIFICATION/ADDRESS: DRIVER'S LICENSE, UTILITY BILL, EMPLOYMENT ID, OR		
INCOME: MOST RECENT TAX RETURN, TWO MOST RECENT PAY STUBS, OR OTHER		
INSURANCE: INSURANCE CARDS		

Greenfield Medical & Dental
 102 Main Street
 Greenfield, MA 01301
 Tel: (413) 325 - 8500

Urgent Dental Care
 164 High Street
 Greenfield, MA 01301
 Tel: (413) 325 - 8700

Orange Medical & Dental
 119 New Athol Road
 Orange, MA 01364
 Tel: (978) 544 - 1576