

Name _____ DOB _____ SS# _____
Income _____

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All sources of income must be proven with check stubs, or a copy of last year's tax return, benefit statements, bank statements (for directly deposited payments) court orders or other documents. Our Patient Intake Representative will be glad to tell you what is needed. Documentation must be submitted at time of visit to PrairieStar or within 30 days of the visit otherwise, you will be billed at the full pay rate.

This application is valid for 1 year from the date of the application. If there is any major change in your household size or income, report it promptly so your discount can be adjusted.

I certify that the information given on this form is true and accurate. The information may be verified.

Signature Date

Office use only
Patient number _____
Date of final approval _____
Financial Class _____
Notes _____
Reviewer _____