

Snohomish Valley Holistic Medicine Discounted/Sliding Fee Application

It is the policy of Snohomish Valley Holistic Medicine to provide essential services regardless of the Patient's ability to pay. Discounts are offered based upon family income and size. 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 ND services provided by **Dr. Stacy Bowker and Dr. Theresa Martez**, but NOT those services which are purchased from outside, including reference laboratory testing, consulting radiology interpretation, and other such services. In the hope that your financial situation improves, you will be asked at each visit if there have been changes. At such time, you will be required to fill out this form again. Please inquire at the front desk if you have questions.

Number of related persons living in your household: _____

Total household income: (complete one column)

Household Member	Annual	Monthly	Bi-Weekly
Self			
Spouse			
Dependent Children (under age 18)			
Total			

Note: Include income from all sources including gross wages, tips, social security, disability, pensions, annuities, veteran's payments, net business or self employment, alimony, child support, military, unemployment and public aid.

I certify that the family size and income information shown above is correct. Copies of tax returns, pay stubs, and other information verifying income may be required before a discount is approved.

Name (Print)

Signature/Date

Office Use Only	
Patient Name _____	Discount _____
Date of Service _____	Approved by _____