



Please circle the clinic you are making application for:

Children’s Clinic 4210 Lincoln Road Hattiesburg, MS 39402	Collins Family Practice Clinic 704 Fifth Street Collins, MS 39428	Columbia Family Clinic 502 Broad Street Columbia, MS 39429
Connections 102 Medical Park Hattiesburg, MS 39401	Downtown Medical Associates 511 W Laurel Ave Hattiesburg, MS 39401	Family Clinic of Purvis 101 Weems Street Purvis, MS 39475
Lincoln Road Family Medicine 4209 Lincoln Road Hattiesburg, MS 39402	Magee Family Medicine 360 Simpson Hwy 149, Suite 150 Magee, MS 39111	Oak Grove Family Medicine 5192 Old Hwy 11 Hattiesburg, MS 39402
Orleans Park Family Medicine 15 Orleans Park Hattiesburg, MS. 39402	Pediatric Clinic 101 Medical Park Hattiesburg, MS 39401	Petal Family Practice Clinic 50 Parkway Lane Petal, MS 39465
Pine St. Family Medicine 908 West Pine Street Hattiesburg, MS 39401	Poplarville Clinic 1407 S Main Street Poplarville, MS 39470	Purvis Family Practice Clinic 102 Shelby Speights Purvis, MS 39475
Richton Family Medicine 201 Bay Avenue Richton, MS 39476	South 28 th Family Medicine 1101 South 28 th Avenue Hattiesburg, MS 39401	Sumrall Medical Center 1238 Hwy 42 Sumrall, MS. 39482
Wiggins Clinic 805 Hall Street Wiggins, MS. 39577		

Sliding Fee Discount Application

Sliding Fee Discount Information: It is the policy of the above clinic(s) to provide essential services regardless of the patient’s ability to pay. The clinic(s) offer discounts based on 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 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:				
Street:	City:	State:	Zip:	Phone:



Please list all household members, including those under age 18.

	Name	Date of Birth
Self		
Other		
Other		
Other		

Source	Self	Other	Total
Gross Wages, salaries, tips, etc.			
Income from business and self-employment			
Unemployment compensation, 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			



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

Name (Print)	
Signature	
Date:	

Office Use Only

Patient Name: _____
 Approved Discount: _____
 Approved by: _____
 Date Approved: _____

Verification Checklist	YES	NO
Identification/Address: Driver's license, utility bill, employment ID, or other		
Income: Prior Year Tax Return, three most recent pay stubs, or other		

Self-declaration of income may also be used.