



Apex Denture Studio Sliding Fee Discount Program Application

Name: _____

Street Address: _____

City / State / Zip Code: _____

Please list the names, birth dates, and gross income (before taxes) of the people in your household. Household size is the number of individuals inside or outside of the household, including the applicant, who are at least 50% dependent upon the family income being reported on the application.

PATIENT: _____ D.o.B. ___/___/___ Relationship: SELF Annual Income: \$ _____

NAME : _____ D.o.B. ___/___/___ Relationship: _____ Annual Income: \$ _____

NAME : _____ D.o.B. ___/___/___ Relationship: _____ Annual Income: \$ _____

NAME : _____ D.o.B. ___/___/___ Relationship: _____ Annual Income: \$ _____

NAME : _____ D.o.B. ___/___/___ Relationship: _____ Annual Income: \$ _____

NAME : _____ D.o.B. ___/___/___ Relationship: _____ Annual Income: \$ _____

NAME : _____ D.o.B. ___/___/___ Relationship: _____ Annual Income: \$ _____

(Office use only) Total Annual Household Salary \$ _____

I have been provided with a copy of the Apex Denture Studio Sliding Fee Discount Program guidelines. I understand that if I provide false information I will be disqualified from the program and all charges will be due in full immediately.

By signing this form, I certify under penalty of perjury under the laws of the State of Washington that the information I am providing is true and correct.

Patient / Guardian: _____

Date: _____

Office use only:

Sliding fee discount level: 0% 10% 20% 30%

Effective date: _____



Self-Declaration of Household Income

I, _____, understand that the amount I am charged for Apex Denture Studio services depends on my household income. My household size is the number of individuals living inside or outside my home including me, who are at least 50% dependent upon the family income being reported on this application.

I understand that "Income" includes, but is not limited to:

- Pay, wages, or salaries
- Tips
- Unemployment benefits
- Social Security benefits
- Welfare benefits
- Disability
- Workers' compensation benefits or other payments for an injury or illness
- Retirement or pension benefits
- Alimony or child support payment
- Insurance or annuity payments
- Interest or dividends from savings accounts or investments
- Rental income or other income from a business
- Income from royalties, patents, gambling, sweepstakes or lottery winnings
- Inheritance, gifts and grants

I understand that if the members of my household have any of these types of income, I must disclose to Apex Denture Studio on the Sliding Fee Discount Program Application for the purposes of consideration for qualification. I also understand that if I provide false information, I will be disqualified from the Sliding Fee Discount Program and that I will be financially liable for the full fee of services.

I declare that my estimated yearly household income is \$ _____

By signing this form, I certify under the penalty of perjury under the laws of the State of Washington that the information I am providing is true and correct.

Signature of Applicant / Guardian: _____ Date: _____