



Family Assistance Plan Application

It is the policy of South Alamo Medical Group 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 all services received at this clinic, but not those services which are purchased from outside, including reference laboratory testing, drugs, x-ray interpretation by a consulting radiologist, and other such services. In the hope that your financial situation improves, discounts apply only to current, not future services. This form must be completed for each visit. Please inquire at the front desk if you have questions.

Name of Head of Household			Place of Employment		
Address	City	State	Zip	Phone	
Health Insurance Plan			Social Security Number		

Please list spouse and dependents under age 18

Name	Date of Birth	Name	Date of Birth
Self		Dependent	
Spouse		Dependent	
Dependent		Dependent	
Dependent		Dependent	



Annual Household Income

Source	Self	Spouse	Other	Total
Gross wages, salaries, tips, etc...				
Social Security, pension, annuity, and veterans benefits				
Alimony, child support, military family allotments				
Income from business self employment, and dependents				
Rent, interest, dividend, and other income				

Verification Checklist (attach copies)	Yes	No
Identification/Address: Drivers License/ID, birth certificate, passport		
Income: Prior year tax return and four most recent pay stubs		
Medicare/Medicaid: Evidence of rejection letter from insurance		

I certify that the information shown above is correct and understand verification is required for approval.

Name: _____

Signature: : _____

<u>Office Use Only</u>	
Pay class approved: _____	Effective date: _____
Approved by: _____	Expiration date: _____

Location: _____ Pediatric Barlite _____ Adult Barlite _____ Adult Ste 504 _____ Southcross

Office Use Only

Employee Initials: _____ Date: _____