



Sliding Fee Application

It is the mission of OB-GYN Associates of Ithaca, LLP to provide quality healthcare to our patients, regardless of their inability to pay. Discounts are available to those who meet certain income requirements. Please complete the application below and return to us to determine if you are eligible for our sliding fee.

Please note, that we are only able to offer a discount on services that are performed here in our office. In the hope that you find yourself in a better financial situation, discounts apply only to current visits and not future services. The information below will need to be furnished for each visit. Please speak with our billing department if you have any questions: (607) 266-7800 Option 2.

Number of persons living in your household:

Household Member	Household Income (complete one column)		
	Annual	Monthly	Bi-Weekly
Self			
Spouse/Domestic Partner/Significant other			
Outside Aid*			
Total			

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

I certify that the family size and income information shown above is correct. Copies of my 2 most recent pay stubs, or other information verifying income as well as this form will be required before a discount is approved. ***

Name (Print)

Date:

Signature:

*****Present information to office in person or by mail at least 1 week prior to appointment*****

Office Use Only

Patient Name

Account #:

Discount

Date of Service

Approved By