



Sliding Fee Discount Program Application

It is the policy of The Oasis Center of the Rogue Valley to provide services regardless of the patient's ability to pay. The Oasis Center offers discounts on services based on family size and annual income.

Please complete the following information and provide proof of income and photo id.

The discount will apply to all services received at the Oasis Center, but not those services or equipment purchased from the outside the Oasis Center, including laboratory testing, medication, and x-ray interpretation by a consulting radiologist, and other such services. If approved, to maintain discount you must complete this form every 6-months, or when your financial situation changes. If you are not approved, you may reapply at any time if your financial situation changes.

Applicant Information:

Last Name:	First Name:	Middle Initial:
Mailing Address:		
Phone #:	Place of Employment:	

Household Information – list dependents under 18, spouse or partner

Name	Relationship to Applicant	Date of Birth
	SELF	

Monthly Income Information

Source	Self	Spouse	Other	Total
Per month - Gross Wages, salaries, tips, etc.				
Self-employment/dependent income				
Unemployment				
Social Security/Disability				
Pensions/Annuities/Other				
Total Monthly Income				

Note: Please provide copies of tax return, pay stubs, or other information verifying income

If you do not have any income, please explain below:

I certify that the family size and income information shown above is correct and that I will contact Oasis Center if my financial situation changes. I understand that if approved, I will need to re-apply every 6 months.

Name (Print)

Signature

Date

Office Use Only

Patient Name:	
Percent Discount Approved:	
Approved By:	
Date Approved:	

Verification Checklist	Yes	No
Photo ID: Driver's License, ID card, or:		
Address: Driver's license, utility bill, employment ID, or:		
Income: Prior year tax return, three most recent pay stubs, or:		
Insurance: Insurance Cards		