

HRRMC Clinics Discounted/Sliding Fee Schedule Application

It is the policy of Heart of the Rockies Regional Medical Center Primary Care Clinics (HRRMC) 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 outside such as reference laboratory testing, drugs, x-ray interpretations by a consultant radiologist and outpatient hospital services provided at HRRMC locations. 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.

Household Member	Household Income (complete one column)		
	Annual	Monthly	Bi-Weekly
Self			
pouse			
Dependent Children under age 18			
otal			
et business or self employment income certify that the family size an	come, alimony, child support d income information sh	, military, unemployment, an own above is correct. Co	d public aid.
certify that the family size and other verifying income may	come, alimony, child support d income information sh	, military, unemployment, an own above is correct. Co	d public aid.
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Note: Include income from all sour net business or self employment income from all sour certify that the family size and other verifying income may hame (Print) Signature Office Use Only	come, alimony, child support d income information sh	own above is correct. Cocount is approved. Date of Birth	d public aid.
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