10 West Madison Street #11
Baltimore, MD 21201

Complete Wellness
Complete healing for mind and body.

Phone: (443) 438-7863
Fax: (443) 957-9485

SLIDING SCALE FEE DISCOUNT APPLICATION

At Complete Wellness, Inc., we provide essential services regardless of patients' ability to pay. Discounts are offered based on family size and annual income. Please complete the following information and return to the front office to determine if you or members of your family are eligible for a discount. If awarded, the discount will apply to all services received at Complete Wellness. This form must be completed every 12 months or when your financial situation changes. An incomplete application will not be considered.

NAME OF APPLICANT			PLACE OF EMPLOYMENT	
STREET	CITY	STATE	ZIP	PHONE

Please list spouse and dependents under age 18.

Name	Date of Birth	Name	Date of Birth
SELF		DEPENDENT	
SPOUSE		DEPENDENT	
DEPENDENT		DEPENDENT	
DEPENDENT		DEPENDENT	

NOTE: Two of the following are required to verify income:

- ❑ Most recent paycheck stub
- ❑ W-2 form
- ❑ Last income tax return
- ❑ Employer verification letter

Or

- ❑ Unemployment/Social Security check stub

Annual Household Income

Source	Self	Spouse	Other	Total
Gross wages, salaries, tips, etc.				
Income from business, self-employment, and dependents				
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income				
Interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources				
Total Income				

My signature below indicates that I certify that the family size and income information shown above is correct and I authorize Complete Wellness to access information that will confirm the income disclosed on this application.

Applicant Name (Print) _____

Applicant Signature _____ **Date**_____

Office Use Only

Patient Name:	
Date Approved:	

Approved Discount:		**Approved by:**	

Verification Checklist	Select one in each group
Identification/Address:	❑ Driver's license ❑ Utility bill ❑ Employment ID ❑ Other
Income:	❑ Prior year tax return ❑ Most recent pay stub ❑ Other
Insurance:	❑ Insurance Card