



Sliding Fee Discount Program Application

Sunrise Clinics offers discounted fees based on household income and size. Eligibility is determined using the Federal Poverty Guidelines. This program applies to all patients, regardless of insurance status.

Section 1: Patient Information

Full Name: _____
 Date of Birth: _____ Phone Number: _____
 Home Address: _____
 City / State / Zip: _____

Section 2: Household Information

Total Household Size (including yourself): _____ Estimated Gross Household Income: \$ _____

Income Frequency (circle one): Daily / Weekly / Biweekly / Monthly / Annually

Proof of Income Provided (circle one): Paystubs / Tax Return / Other / Self-Attestation

Section 3: Program Acknowledgment

- ☐ Yes, I would like to be considered for the Sliding Fee Discount.
☐ No, I decline the discount and accept full financial responsibility for all charges.

I certify that the information provided above is true and complete to the best of my knowledge. I understand that Sunrise Clinics may require additional information or may contact me for clarification. I also understand that this form is valid for up to 12 months, and I must inform Sunrise Clinics if my income or household size changes.

Print Name: _____ Signature: _____ Date: _____

Staff Use Only

If the patient qualifies for a discount, circle A–E. If not, circle F. (circle one): A B C D E F

Proof of income provided (circle one): Paystubs / Tax Return / Other / Self-Attestation

Reviewed By (Initials): _____ Staff Name: _____ Date: _____

Family Size	A		B		C		D		E		F
	100% & Below		101% - 125%		126% - 150%		151% - 175%		176% - 200%		Above 200%
	No Fee		\$1		\$5		\$8		\$10		No Discount
	From	To	From	To	From	To	From	To	From	To	Equal to or Above
1	\$ -	15,960.00	15,961.00	19,950.00	19,951.00	23,940.00	23,941.00	27,930.00	27,931.00	31,920.00	31,921.00
2	\$ -	21,640.00	21,641.00	27,050.00	27,051.00	32,460.00	32,461.00	37,870.00	37,871.00	43,280.00	43,281.00
3	\$ -	27,320.00	27,321.00	34,150.00	34,151.00	40,980.00	40,981.00	47,810.00	47,811.00	54,640.00	54,641.00
4	\$ -	33,000.00	33,001.00	41,250.00	41,251.00	49,500.00	49,501.00	57,750.00	57,751.00	66,000.00	66,001.00
5	\$ -	38,680.00	38,681.00	48,350.00	48,351.00	58,020.00	58,021.00	67,690.00	67,691.00	77,360.00	77,361.00
6	\$ -	44,360.00	44,361.00	55,450.00	55,451.00	66,540.00	66,541.00	77,630.00	77,631.00	88,720.00	88,721.00
7	\$ -	50,040.00	50,041.00	62,550.00	62,551.00	75,060.00	75,061.00	87,570.00	87,571.00	100,080.00	100,081.00
8	\$ -	55,720.00	55,721.00	69,650.00	69,651.00	83,580.00	83,581.00	97,510.00	97,511.00	111,440.00	111,441.00
9	\$ -	61,400.00	61,401.00	76,750.00	76,751.00	92,100.00	92,101.00	107,450.00	107,451.00	122,800.00	122,801.00
10	\$ -	67,080.00	67,081.00	83,850.00	83,851.00	100,620.00	100,621.00	117,390.00	117,391.00	134,160.00	134,161.00