



### 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	\$ -	15,650.00	15,651.00	19,562.50	19,563.50	23,475.00	23,476.00	27,387.50	27,388.50	31,300.00	31,301.00
2	\$ -	21,150.00	21,151.00	26,437.50	26,438.50	31,725.00	31,726.00	37,012.50	37,013.50	42,300.00	42,301.00
3	\$ -	26,650.00	26,651.00	33,312.50	33,313.50	39,975.00	39,976.00	46,637.50	46,638.50	53,300.00	53,301.00
4	\$ -	32,150.00	32,151.00	40,187.50	40,188.50	48,225.00	48,226.00	56,262.50	56,263.50	64,300.00	64,301.00
5	\$ -	37,650.00	37,651.00	47,062.50	47,063.50	56,475.00	56,476.00	65,887.50	65,888.50	75,300.00	75,301.00
6	\$ -	43,150.00	43,151.00	53,937.50	53,938.50	64,725.00	64,726.00	75,512.50	75,513.50	86,300.00	86,301.00
7	\$ -	48,650.00	48,651.00	60,812.50	60,813.50	72,975.00	72,976.00	85,137.50	85,138.50	97,300.00	97,301.00
8	\$ -	54,150.00	54,151.00	67,687.50	67,688.50	81,225.00	81,226.00	94,762.50	94,763.50	108,300.00	108,301.00
9	\$ -	59,650.00	59,651.00	74,562.50	74,563.50	89,475.00	89,476.00	104,387.50	104,388.50	119,300.00	119,301.00
10	\$ -	65,150.00	65,151.00	81,437.50	81,438.50	97,725.00	97,726.00	114,012.50	114,013.50	130,300.00	130,301.00