

**SLIDING SCALE FEE AGREEMENT**

**Terms of Discount**

- **Discounts are awarded in one-year intervals. They are subject to review at any time.** Your provider may periodically ask you to demonstrate that you still need a discount. The amount of that discount may increase or decrease at your provider’s discretion. Your provider also has the right to revoke your discount, with written notice, at any time.
- Clients getting a discount are expected to **honor all of the clinic’s general policies and guidelines** – as outlined in a separate document.
- **We do not automatically extend discounts to all family members.** If you receive a discount here, it does not necessarily mean that you spouse, children, parents, or other relatives will as well. You are welcome to ask about discounts for other family members if they are truly needed.

**Documents Needed**

1 of either:

- A copy of 2 months of paystubs for all members of the household
- A copy of your latest tax returns (only the first two pages of 1040)

**In Addition:**

Write in the space below all sources of income for all household (only fill out one column)

Use one table per contributing member of the household. Use the back of this page or a separate sheet if there are more than 2 contributing members.

Income Worksheet A	Annual	Monthly	Weekly
Regular income (wages)			
Child support			
Alimony			
Other			
<b>TOTAL A</b>			

Income Worksheet B	Annual	Monthly	Weekly
Regular income (wages)			
Child support			
Alimony			
Other			
<b>TOTAL B</b>			



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### Agreement for Sliding Scale Clients

To allow us to sustainably continue offering discounts to patients, we ask that you kindly review and respect the terms of the agreement outlined herein. Please let us know if you have any questions.

#### What is and is Not Discounted

- Discounts are awarded on a case-by-case basis.
- **Discounts are for office visits only;** they do not apply to materials, phone/portal communication (see our regular clinic policies for details), administrative fees, supplements, or other charges.
- **All patients are subject to the full amount of no-shows and late cancellations fees.** Likewise, repeat no-shows/late cancellations may result in being dismissed from the practice. (See our regular clinic policy document for details.)
- **All patients are required to have an active credit card on file.**

#### AGREEMENT

- *I appreciate the discount of \_\_\_% off of office visits, as gifted to me by Natural Elements Medicine.*
- *I understand this discount will be honored for a maximum of one year before it is renegotiated. I also respect that my provider reserves the right to review, revoke, or adjust this discount sooner at his/her discretion.*
- *I have reviewed the clinic's general policies and procedures, and understand that I am expected to honor those guidelines as well. These include – but are not limited to – having a credit card on file which will be automatically charged the fee found in the clinic's general policies for no-shows and late cancellations.*

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Today's date: \_\_\_\_\_

Provider's signature \_\_\_\_\_ Date: \_\_\_\_\_

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For office use only

CATEGORY APPROVED \_\_\_\_\_

Date: \_\_\_\_\_

Initials \_\_\_\_\_