

Bridges Family Wellness PC



Sliding Scale Application

It is the policy of Bridges Family Wellness to make naturopathic health care accessible to as many people and families as possible. Discounts are offered based on family size and annual income. Please complete the following information and return it to Dr. Currey to determine if you or members of your family are eligible for a discount.

The discount will apply to all services rendered at this clinic with the following exceptions: Sauna, Professional consultations for other business owners, supplements, herbal classes, books, medical supplies, and laboratory testing. This form must be completed every 6 months or if your financial or insurance situation changes.

Please note, discounts are not available to patients who are currently insured by a company that provides coverage for services being received at this clinic. If you are working with an insurance that Dr. Currey is currently contracted with, discounts are only available on services for which coverage has been denied. Discounts cannot be used for meeting a deductible, copays, or co-insurances deemed the patient's responsibility by their insurance company.

Name of head of household	
Place of employment	
Home address	
Telephone number	
email address	

Please list spouse and dependents under age 21 who are currently living with you

Name	Date of Birth
self	
spouse	
dependent	
dependent	
dependent	
dependent	

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Annual Household Income:

Source	Self	Spouse	Other	Total
Gross wages, salaries, tips, etc				
self employment income				
Interest, dividends, rent, royalties, trust, alimony, child support, gifts, etc				
Unemployment, workers comp, social security, SSI, pension, etc				
Total Income				

Note: Copies of tax returns, pay stubs, or other information verifying income may be required before approval of discount.

I certify that the family size and income information shown above is correct.

Name _____ Date: _____

Signature _____

Office Use Only

Effective/renewal dates: _____

Discount Approved: _____

Proof of identity: _____

Proof of income: _____

Insurance verification: _____