Sliding Fee Discount Application

RFMC

Reddy Family Medical Clinic: All Locations Donaldsonville-White Castle-Plaquemine-Pierre part-Napoleonville
It is the policy of Reddy Family Medical Clinic to provide essential services regardless of the patient's ability to pay. Discounts are offered based on family size and annual income. Please complete the following information and return to the front desk to determine if you or members of your family are eligible for a discount.
The discount will apply to all services received at this clinic, but not those services or equipment that are purchased from outside, including reference laboratory testing, drugs, and x-ray interpretation by a consulting radiologist, and other such services. This form must be completed every 12 months or if your financial situation changes.
NAME OF HEAD OF HOUSEHOLD
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
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
NOTE: Copies of tax returns, pay stubs, or other information verifying income may be required before a discount is approved.
I certify that the family size and income information shown above is correct.
Name (Print)
Signature
Date
Office Use Only
Patient Name: _____
Approved Discount: _____
Approved by: _____
Date Approved: _____
Verification Checklist
Yes
No
Identification/Address: Driver's license, utility bill, employment ID, or other
Income: Prior year tax return, three most recent pay stubs, or other
Insurance: Insurance Cards

ATTACHMENTS: APPROVAL: 01/01/2026
Patient Application for the Sliding Fee Discount Program REVIEWED BY: _____