



Please circle the clinic you are making application for:

Department Name	Department Address
Bellevue Family Medicine	7148 US Highway 98, Suite 101 Hattiesburg, MS 39402
Children's Clinic	4210 Lincoln Road Hattiesburg, MS 39402
Collins Family Practice Clinic	704 Fifth Street Collins, MS 39428
Columbia Family Clinic	502 Broad Street Columbia, MS 39429
Ellisville Family Clinic	822 North Main Street Ellisville, MS 39437
Family Clinic of Seminary	215 Bobby Beasley Street Seminary, MS 39479
Lincoln Road Family Medicine	4209 Lincoln Road Hattiesburg, MS 39402
Magee Family Medicine	360 Simpson Hwy 149, Suite 150 Magee, MS 39111
Oak Grove Family Medicine	5192 Old Hwy 11 Hattiesburg, MS 39402
Orleans Park Family Medicine	15 Orleans Park Hattiesburg, MS 39402
Petal Family Practice Clinic	50 Parkway Lane Petal, MS 39465
Pine St. Primary Care	908 West Pine Street Hattiesburg, MS 39401
Purvis Family Practice Clinic	102 Shelby Speights Purvis, MS 39475
Richton Family Medicine	201 Bay Avenue Richton, MS 39476
South 28th Family Medicine	1101 South 28th Avenue Hattiesburg, MS 39401
Sumrall Medical Center	1238 Hwy 42 Sumrall, MS 39482
The Pediatric Clinic	101 Medical Park Hattiesburg, MS 39401
The Poplarville Clinic	1407 S Main Street Poplarville, MS 39470
Wiggins Clinic	805 Hall Street Wiggins, MS 39577

### Sliding Fee Discount Application

**Sliding Fee Discount Information:** It is the policy of the above clinic(s) to provide essential services regardless of the patient's ability to pay. The clinic(s) offer discounts 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 purchased from outside, including reference laboratory testing, drugs, and x-ray interpretation by a consulting radiologist, and other such services. You must complete this form every 12 months **or** if your financial situation changes.

<b>Name:</b>				
<b>Street:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>Phone:</b>

Please list all household members, including those under age 18.

	Name	Date of Birth
Self		

**Hattiesburg Clinic, PA - SFS Patient Application**

<b>Other</b>		
<b>Other</b>		
<b>Other</b>		

<b>Source</b>	<b>Self</b>	<b>Other</b>	<b>Total</b>
<b>Gross Wages, salaries, tips, etc.</b>			
<b>Income from business and self-employment</b>			
<b>Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, veterans' payments, survivor benefits, pension or retirement income</b>			
<b>Interest; dividends; royalties; income from rental properties, estates, and trusts; alimony; child support; assistance from outside the household; and other miscellaneous sources</b>			
<b>Total Income</b>			

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

<b>Name (Print)</b>	
<b>Signature</b>	
<b>Date:</b>	

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**Office Use Only**

**Patient Name:** \_\_\_\_\_  
**Approved Discount:** \_\_\_\_\_  
**Approved by:** \_\_\_\_\_  
**Date Approved:** \_\_\_\_\_

<b>Verification Checklist</b>	<b>YES</b>	<b>NO</b>
<b>Identification/Address: Driver's license, utility bill, employment ID, or other</b>		

**Hattiesburg Clinic, PA - SFS Patient Application**

<b>Income: Prior Year Tax Return, three most recent pay stubs, or other</b>		
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**Self-declaration of income may also be used.**