



SLIDING FEE APPLICATION

Sliding fee is available to private pay patients who have no insurance coverage and the annual household income falls within the Federal Poverty Guidelines.

Applicants must complete and sign the attached Sliding Fee Application. Applications should be submitted to our office and must include a copy of the previous year's Tax Return and 3 Months of consecutive pay stubs for every working member living within the household. Failure to do so will result in your application being returned to you. Applications may be mailed or dropped off at our office.

Oregon Surgical Specialists, PC
520 Medical Center Dr., Suite 300
Medford, Oregon 97504

Once we receive your application it will be reviewed and a member of our billing Department will contact you to discuss our determination. If approved, all applicants will be required to set up payment arrangements on their patient balance prior to any procedures.

If you have any questions please contact us at 541-282-6687

APPLICATION

Date _____ Doctor _____

Patient Name _____ Phone _____

Responsible party if different from above _____

People currently living in household:

Name _____ Age ____ Relationship _____ Employer _____

Name _____ Age ____ Relationship _____ Employer _____

Name _____ Age ____ Relationship _____ Employer _____

Name _____ Age ____ Relationship _____ Employer _____

IMPORTANT: If it is determined that you do qualify for a discount you will be required to set up a payment arrangement the balance on your account that is your "patient" responsibility. If you default on the payment arrangement your discount will be removed and the full balance along with a default fee would then be subject to the collection process.

By signing this I have read and understand the above policy.

Signature _____ Date _____