

Rural Health Services, Inc.



4645 Augusta Road
Beech Island SC 29842
(803) 380 – 7000



1000 Clyburn Place
Aiken SC 29801
(803) 380 – 7000



120 Darlington Drive
Aiken SC 29803
(803) 380 – 7000

Sliding Fee Discount Application

It is the policy of Rural Health Services, Inc. (RHS), 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 RHS, 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	
ADDRESS			
STREET		CITY	STATE
			ZIP
PHONE	HOME	CELL	WORK

Please list spouse, dependents under age 18 and other household members.

	Name	Date of Birth		Name	Date of Birth
Self			Dependent		
Spouse			Dependent		
Dependent			Dependent		
Dependent			Dependent		
Household Member			Household Member		

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 _____

Date _____

Signature _____

Date _____