



APPLICATION FOR SLIDING SCALE

Crystal River

547 SE Fort Island
Trail, Suite C & E,
Crystal River, FL
34429
352-794-7391
Fax: 877-446-4107

Inverness Dental

314 S Line Ave,
Inverness, FL
34450
352-419-4056
Fax: 352-419-7934

Inverness Medical

151 E Highland
Blvd, Suite 151,
Inverness, FL
34452
352-419-5760
Fax: 877-209-5265

Lecanto Medical

512 N Lecanto
Hwy, Lecanto, FL
34461
352-527-2244
Fax: 888-275-8781

Ocala

7205 SE Maricamp
Road,
Ocala, FL 34472
352-680-7000
Fax: 877-849-9264

Sumterville

1389 S US 301,
Sumterville, FL
33585
352-793-5900
Fax: 855-832-3504

Accredited by
AAAHC, Inc.



Total number of members in household _____

Name	DOB	SSN
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please indicate **ALL gross monthly** income for **everyone** in home:

Wages _____ Child Support _____ Alimony _____

Unemployment _____ Work Comp _____ SSI/S.S. _____

Self Employment _____ Food Stamps _____ Disability _____

Veteran's/Retirement Pension(s) _____

Total Household Gross Income _____

I hereby certify that the information supplied above is true and correct to the best of my knowledge. I am aware that if any information I provide is fraudulent my sliding scale will be terminated.

Signature of Patient or Guardian: _____ Date: _____

Signature of Financial Counselor: _____ Date: _____

For Administrative Use Only

- Business Taxes (Schedule C)
- Does slide need to be back dated
- Proper slide in all accts (FFS, Dental, MCR slide)
- Enter Homeless/Double up status
- Update notes
- Check balance due

_____ The Sliding Scale discount has been explained to me and I understand.