

It is the policy of Alabama Regional Medical Services to provide essential services regardless of the patient's ability to pay. ARMS offer discounts based on family size and annual income.

Please complete the following information and return to the Front Desk Receptionist to determine if you or members of your family are eligible for a discount.

The discount will apply to all services received at ARMS, but not those services outside of ARMS. You must complete a Sliding Fee Discount Program Application annually or if your income or family size changes.

Application Date:				Family Size:			
Name:				Date of Birth:			
Address:		City:		State:		Zip Code:	
						Telephone:	

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

	Name:	Date of Birth:
Self		
Other		
Other		
Other		

Do you receive any income from any of the following sources, and if so, how much?

Sources	You	Your Spouse	Your Children	Other Person	Total Sources
Gross wages, salaries, W-2, etc.					
Income from self-employment or business					
Social Security/Retirement/Pension/Veteran					
Other: Interest, rental, child support, alimony Public Assistance					
Total Income					

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

Signature:	Date:

Approved?: Yes or No	Approved Discount Code:	Date Approved:	Income Documentation Provided:
ARMS Staff Verification Signature:			Date: