



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 services received at ARMS, but not those services outside of ARMS. X-rays, Shots, Supplies, prescriptions and equipment are not covered under the nominal/minimum fee. You may incur additional cost above the discounted charges.

You must complete a Sliding Fee Discount Program Application annually or if your income or family size changes.

Application Date:			Family Size:				ze:			
Name:				Date of Birth	:					
Address:		City:		State:		Zip Code:		Telephone:		
Please list all household m	nembers, includi	ng those under	the age o	of 18 years.				l		
Name:								Date of Birth:		
Self										
Other										
Other										
Other										
Sources Gross wages, salaries, W-2, etc.				You	You	r Spouse	Your Chil	dren	Other Person	Total Sources
Gross wages, salaries, W-2, etc.										
Income from self-employn	nent or business									
Social Security/Retiremen	t/Pension/Vetera	n								
Other: Interest, rental, child support, alimony Public Assistance										
Total Income										
certify that the family size	e and income in	formation sho	own is co	rrect.						
Signature:						Date:				
Approved?: Yes or No	Approved Dis	count Code:	Da	ate Approved:			Income	Docum	entation Provide	d: