



WAIVER for SLIDING FEE SCALE DISCOUNT

I understand that Windrose Health Network (WHN)'s Sliding Fee Scale (SFS) Discount Program may allow both me and any family members listed as dependents on my Federal Tax Return to receive a discount on the care I/we received at a WHN Health Center.

I agree that:

- By choosing not to complete a SFS Application form, neither I, nor anyone in my family, will be eligible for a SFS discount.
- I am responsible for payment of the full patient-due balance for the care I/we received at a WHN Health Center.

I also agree that:

- I have been told that I can apply at any time for the SFS Discount Program.
- In order to be considered for a SFS Discount in the future, I must fill out a new SFS Application form and I must return all the needed papers for the program within 30 days.

Please check the box below to show you are choosing **NOT** to apply for WHN's Sliding Fee Scale Discount Program.

I waive the chance to be considered for a WHN Sliding Fee Scale Discount at this time. This waiver will remain in effective for a period of 1 Year unless I submit a new SFS Application form.

Patient's Name: _____ Patient's Date of Birth: _____

Signature of Patient/ Guardian: _____ Date: _____

Signature of WHN Employee: _____ Date: _____