

Patient Consent for Care and Policies:

I voluntarily request services from Bridger Clinic, Inc. and have had an opportunity to read the Notice of Privacy Practices. I understand that benefits, risks, and content of any exam, test, or contraceptive method I choose will be explained beforehand. I authorize Bridger Clinic to release any information necessary to process my insurance benefits to be paid directly to Bridger Clinic. I accept FULL financial responsibility for any non-covered costs, based on my sliding fee assignment. I understand that I may set up a payment plan. Amounts with no payment for more than 90 days may be released to an outside agency for collection with reporting of same to credit bureaus. Essential services will not be denied for inability to pay.

Patient Name: _____ Date of birth: _____

Patient Signature: _____ Date: _____

Patient Income Information:

A. _____ I wish to be considered for a possible reduction in fees. *(Complete the income information in the box below.)*

B. _____ I do NOT want/need to be evaluated for reduced fees. Please initial here. _____
(No more information is required. Do not fill in the box below.)

Please represent your income as accurately as possible. We reserve the right to request verification of income.

<p>Number of household members (including yourself): _____</p> <p><i>Record income BEFORE taxes. This is your gross income. Inclusion of spouse or co-habiting sexual partner's income is REQUIRED regardless of how you share expenses.</i></p> <p>Current employment: _____ hrs/wk at \$ _____ an hour OR salary of \$ _____ per year. 2nd job: _____ hrs/wk at \$ _____ per hour.</p> <p>Partner's current employment: _____ hrs/wk at \$ _____ an hour OR salary of \$ _____ per year. 2nd job: _____ hrs/wk at \$ _____ per hour.</p> <p>Other Income:</p> <table style="width:100%; border:none;"> <tr> <td style="width:35%;">Tips/Commissions</td> <td style="width:35%;">\$ _____ per week (x 4.3 weeks)</td> <td style="width:30%;"></td> </tr> <tr> <td>Parental Support (allowance)</td> <td>\$ _____ per month</td> <td></td> </tr> <tr> <td>Grants/Stipends/Scholarships</td> <td>\$ _____ per month</td> <td></td> </tr> <tr> <td>Trust Accounts</td> <td>\$ _____ draw per month</td> <td></td> </tr> <tr> <td>Government Help (unemployment/disability)</td> <td>\$ _____ per month</td> <td></td> </tr> <tr> <td>Child Support/Alimony</td> <td>\$ _____ per month</td> <td></td> </tr> <tr> <td>Rental Income (that you receive)</td> <td>\$ _____ per month</td> <td></td> </tr> <tr> <td>Other Income</td> <td>\$ _____ per month</td> <td></td> </tr> </table>	Tips/Commissions	\$ _____ per week (x 4.3 weeks)		Parental Support (allowance)	\$ _____ per month		Grants/Stipends/Scholarships	\$ _____ per month		Trust Accounts	\$ _____ draw per month		Government Help (unemployment/disability)	\$ _____ per month		Child Support/Alimony	\$ _____ per month		Rental Income (that you receive)	\$ _____ per month		Other Income	\$ _____ per month		<p>Monthly Income: <i>(Staff use only)</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Updated Income: <i>(Staff use only)</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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<p><i>Staff use only</i></p> <p>Received income verification?</p> <p>Yes No If no, what is needed?</p>	<p>Date: _____</p> <p>Staff Initials: _____</p>	<p>Monthly Income: _____</p> <p>Fee Scale: 1 2 3 4 5</p>	<p>Monthly Income: _____</p> <p>Fee Scale: 1 2 3 4 5</p>																							