



## RiverStone Health Clinics Income Attestation

**See if you qualify for a discount in your healthcare fees!**

**\*\*You may qualify for discounted services even if you have Insurance – discount would be applied to insurance co-pays and deductibles\*\***

**Directions:**

- 1) Find your family size in the left column; follow that row to your amount of annual total family income.
- 2) Circle the number at the top of that column ( 1, 2, 3 or 4)
- 3) A Customer Service Associate will let you know if you qualify for a discount.

Family Size	1		2		3		4	
	From	To	From	To	From	To	From	To
1	\$0	\$12,060	\$12,061	\$18,090	\$18,091	\$24,120	\$24,121	& Over
2	\$0	\$16,240	\$16,241	\$24,360	\$24,361	\$32,480	\$32,481	& Over
3	\$0	\$20,420	\$20,421	\$30,630	\$30,631	\$40,840	\$40,841	& Over
4	\$0	\$24,600	\$24,601	\$36,900	\$36,901	\$49,200	\$49,201	& Over
5	\$0	\$28,780	\$28,781	\$43,170	\$43,171	\$57,560	\$57,561	& Over
6	\$0	\$32,960	\$32,961	\$49,440	\$49,441	\$65,920	\$65,921	& Over
7	\$0	\$37,140	\$37,141	\$55,710	\$55,711	\$74,280	\$74,281	& Over
8	\$0	\$41,320	\$41,321	\$61,980	\$61,981	\$82,640	\$82,641	& Over

I am **declining** your request for income details. By declining to provide income details, I am also declining the option to apply for RiverStone Health Clinic’s medical/dental sliding fee scale program. I am accepting financial responsibility for the entire bill, including any fees that are **not** covered by my insurance plan and I agree to pay any balance in full.