



RiverStone Health Clinics Income Level 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	\$12,760	\$12,761	\$19,140	\$19,141	\$25,520	\$25,521	& Over
2	\$0	\$17,240	\$17,241	\$25,860	\$25,861	\$34,480	\$34,481	& Over
3	\$0	\$21,720	\$21,721	\$32,580	\$32,581	\$43,440	\$43,441	& Over
4	\$0	\$26,200	\$26,201	\$39,300	\$39,301	\$52,400	\$52,401	& Over
5	\$0	\$30,680	\$30,681	\$46,020	\$46,021	\$61,360	\$61,361	& Over
6	\$0	\$35,160	\$35,161	\$52,740	\$52,741	\$70,320	\$70,321	& Over
7	\$0	\$39,640	\$39,641	\$59,460	\$59,461	\$79,280	\$79,281	& Over
8	\$0	\$44,120	\$44,121	\$66,180	\$66,181	\$88,240	\$88,241	& 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.