

John M. Pramenko, MD, P.C.



Application for Discounted Fees

Fill out one column:

| | Monthly | or | Yearly |
|---|---------|----|--------|
| Family income (wages) | _____ | | _____ |
| Other income (disability, child support, etc.) | _____ | | _____ |

Number of family members in your household _____

Please provide a copy of your most recent paycheck, W2, or income tax form.
By signing below I agree to inform Dr. Pramenko of any changes in my income and submit a revised application accordingly.

(Signature)

(Date)

(Print name)

Discount levels

| Number in Family | Yearly Income | | | |
|--------------------------------------|---------------|-----------------|-----------------|-----------|
| 1 | <\$10,000 | \$10,000-30,000 | \$30,000-60,000 | >60,000 |
| 2 | <\$15,000 | \$15,000-35,000 | \$35,000-65,000 | >65,000 |
| 3 | <\$20,000 | \$20,000-40,000 | \$40,000-70,000 | >70,000 |
| 4 | <\$25,000 | \$25,000-45,000 | \$45,000-75,000 | >75,000 |
| 5 | <\$30,000 | \$30,000-50,000 | \$50,000-80,000 | >80,000 |
| Monthly fee (per child/per adult) | \$2.5/\$5 | \$5/\$10 | \$7.5/15 | \$10/\$20 |
| Discount = | 75% | 50% | 25% | |

(add \$5000 to the income columns to calculate charges for each additional family member beyond 5)