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Sliding Fee Discount Application

It is the policy of Pediatric Group, LLC, to provide essential services regardless of the patient’s ability to pay. Discounts are offered based on family size and annual income. Please complete the following information and return to the front desk to determine if you or members of your family are eligible for a discount.

The discount will apply to all services received at this clinic, but not to those services or equipment that are purchased from outside, including reference laboratory testing, drugs, and x-ray interpretation by a consulting radiologist, and other such services. This form must be completed every 12 months or if your financial situation changes.

Name of Household _____ Place of Employment _____

Street _____ City _____ State _____ Zip _____

Phone (house) _____ Phone (cell) _____

Please list spouse and dependents under age 18.

Name	Date of Birth	Name	Date of Birth
Self		Dependent	
Spouse		Dependent	
Dependent		Dependent	
Dependent		Dependent	

Annual Household Income

Source	Self	Spouse	Other	Total
Gross wages, salaries, tips, etc.				
Income from business, self-employment, and dependents				
Unemployment compensation, worker's compensation, Social Security Income, public assistance, veteran's payments, survivors benefits, pension or retirement income				
Interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources.				
Total Income				

Note: Copies of tax returns, pay stub, or other information verifying income may be required before a discount is approved.

I certify that the family size and income information shown is correct.

Name (print) _____

Signature _____

Date _____

Office Use Only

Patient: _____

Approved Discount: _____

Approved by: _____ Date: _____

Verification Checklist

Identification/Address: Driver's license, utility bill, employment ID, other

___ Yes ___ No

Income: Prior year tax return, three most recent pay stubs, other

___ Yes ___ No

Insurance: Insurance Cards

___ Yes ___ No