

Reproductive Care Center

Application for Free Initial Consultation / Income Based Discount / Grants

Federal gross income must be less than \$60,000 per couple and \$40,000 per individual to qualify

Gross Income: for past 2 years including self-employment, W2, 1099, K1 & farm income	
* Copy of tax returns and last pay stub(s) for all jobs for both primary & secondary patient (if applicable)	
Last Year	\$
Prior Year	\$
Total:	
Assets: for primary & secondary patient (if applicable)	
Equity value of all properties owned	\$
Current value of all vehicles (including cars, trucks, boats, motor homes, campers, motorcycles & four wheelers)	\$
Current value of all horses, guns & jewelry	\$
Other	\$
Estimated Total Value of All Assets:	\$

Do you expect a significant change in your income/assets this year? Yes No

I/We verify that the above information is true and accurate to the best of my/our knowledge. I/We understand that if I/we knowingly provide false or inaccurate information, Reproductive Care Associates, PC (RCA) and the Reproductive Care Center, PC (RCC) reserve the right to bill me/us retroactively for free or discounted services rendered. RCA and RCC reserve the right to change this program at any time but will make a good faith effort to notify patients regarding any changes prior to services rendered. I/We understand it is my/our responsibility to confirm that I/we qualify for this program prior to incurring charges. Income based discounts can only be used on our single fresh IVF cycle and any self-pay pre-IVF services not billed to insurance. Discounts cannot be applied to any third-party services or to storage fees.

Primary Patient Name Printed: _____

Signature: _____ Date: _____

Secondary Patient Name Printed (if applicable): _____

Signature: _____ Date: _____

Contact Phone Number: _____

For Office Use Only:	
Approved for Discount of _____ %.	
Authorized RCC Signature: _____	Date: _____

