



**SLIDING FEE DISCOUNT APPLICATION**

Return completed application(s) and income documentation **within 10 business days** of a visit to any Complete Health location

Or mail directly to: 350 Pine St./Rapid City, SD 57701  
Or email it to [patientsupport@chsd.care](mailto:patientsupport@chsd.care)  
Or fax to (605) 721-8823

Complete Health offers discounts on certain services, based on a patient’s household income and size. To qualify for the Sliding Fee, you must show proof of income for all family members/individuals living in your household for whom you are financially responsible. Your household income will be reassessed as needed. You must re-apply and provide updated income documentation at that time. To qualify, please provide (all that is applicable):

- Previous year’s Federal tax returns, W-2’s or 1099’s (personal and/or business if self-employed)  
Most recent paystubs spanning four weeks
- Three months of business ledgers if self-employed
- Social Security or pension income (including disability letters) or bank statements
- Veterans Administration/Affairs benefit letters
- Child support letters, SNAP notices
- Unemployment benefit /workman’s compensation
- Foster care or other public assistance award letters

**Please note: you may still be responsible for the payment of some procedures, labs and medications. If you have questions, please contact the Complete Health Billing Department at (605) 721-8939.**

***Self-Attestation of Income***

I certify that my **annual** gross household income is \$ \_\_\_\_\_ and I have \_\_\_\_\_ individuals in my household.

To qualify for this discount, you must provide us with the above income documentation within 10 days of this visit, which is \_\_\_\_\_.

I have none of the above sources of income (Since I do not have a source of income, I agree to meeting with a Complete Health staff member to review how I am providing for my basic life essentials/food/shelter)