

AIM Access Qualification Form

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This form will help us to determine where you fall within our sliding scale pricing and determination. Please fill out the following information to the best of your ability.

If you have any questions or concerns regarding providing the information requested, please contact our office at 206-588-1227.

What is your current family size (including yourself, your partner and any and all dependents) *

1
 4

2
 5 or more

3

What is your current annual household income (how much money does your family bring in per year)? *

Are there any other exceptional circumstances that would qualify you for an additional discount at this time? (high annual medical bills, family emergencies...etc.) If so, please explain

I hereby declare under penalty of perjury that all information provided in this form is true, accurate, and complete to the best of my knowledge and belief.

PATIENT SIGNATURE *

DATE *
