

Kentucky River Foothills Development Council, Inc.

**Foothills Health and Wellness Center
108 12th Street
Clay City, KY 40312**

Foothills Health and Wellness Center's Sliding Fee Authorization Form

My signature below enrolls me in the Foothills Health & Wellness Center's Sliding Fee Discount Programs, so long as I provide all necessary proof of income and residence verification for all household members. I also understand that any false information that is found incorrect is considered fraud and I can be withdrawn from the program.

My signature authorizes Foothills Health & Wellness Center to share my financial information with pharmaceutical prescription assistance programs so that I may have access to those medications available from various drug companies.

Patient Name: (Print Name): _____

Patient Signature: _____

Date: _____

www.foothillscap.org

An Equal Opportunity Employer M/F/D

**Foothills Health &
Wellness Center**



A program of Kentucky River Foothills Development Council, Inc.