



Dahl Memorial Clinic

Municipality of Skagway

April 20, 2017

Dear Executive Director of Dahl Memorial Clinic,

I am requesting consideration for the sliding fee scale. Due to the reason noted below I am unable to provide documentation of my income.

Currently unemployed. Reason for unemployment _____

_____ Date I expect to be employed _____.

Employer does not provide paystubs/I am paid on commission or contract. Name of individual who can be contacted for verification: _____

Phone: _____.

I understand that if approved for a 30 day sliding fee scale discount, should I become employed during this period, I must bring in documentation of income. After the 30 day sliding fee scale discount expires, if I am still unemployed and need to be seen at the clinic again, I must submit another letter requesting an additional 30 day discount.

Signature

Date