



Seattle Institute of East Asian Medicine

226 South Orcas Street | Seattle, WA 98108 | Tel: 206.517.4541 | Website: www.sieam.edu

Application for Clinic Discount (available in intern clinics only)

Name: _____

Date: _____

Address: _____

Phone: _____

Eligible applicants can receive treatments at the rate of \$30 per visit in the intern clinic. Applicants must provide new documentation by April 30th of each year for continued eligibility. **Note: You will be charged at the regular rate for missed appointments or those cancelled with less than 24 hours notice.**

To qualify, please provide indicate your reason for eligibility and provide necessary documentation.

_____ Medicaid (Valid ID card required)

_____ Age 65 or over (Provide photo identification to verify birthdate)

_____ Current Student (Provide student ID card)

_____ Low Income at or below the income level in chart below.
(Provide proof of income or prior year tax return).

Federal Poverty Levels 2019

Household	200%*	Monthly	Weekly
1	\$24,980	\$2,082	\$480
2	\$33,820	\$2,818	\$650
3	\$42,660	\$3,555	\$820
4	\$51,500	\$4,292	\$990
5	\$60,340	\$5,028	\$1,160
6	\$69,180	\$5,765	\$1,330
7	\$78,020	\$6,502	\$1,500
8	\$86,860	\$7,238	\$1,670

* Eligibility is based on total household income as a percentage of the federal poverty guidelines

Staff Initials _____ Proof of eligibility verified? _____ Date _____