



OREGON COLLEGE of ORIENTAL MEDICINE

Application for Temporary Reduction in Clinic Fees

OCOM Clinic, 75 NW Couch Street, Portland, OR 97209

We recognize that financial hardship can be a barrier to receiving treatment. A generous grant award from Kaiser Permanente Northwest will allow **OCOM Clinic** (in Portland's Old Town Chinatown neighborhood) and **OCOM Hollywood Clinic** (in northeast Portland) to meet the needs of individuals who qualify for **five reduced fee treatments at \$15 each**.

This program is designed to provide five total visits — studies show that acupuncture works best when a patient receives several treatments over a relatively short time period. If you believe you may be unable to attend five appointments over a two-month period, you may want to reconsider your application for this program.

Please note that OCOM's clinics are teaching clinics. Because drug and/or alcohol dependency are serious and complex medical conditions requiring specialized care, OCOM's clinics do not treat these conditions. Patients with such conditions are routinely referred to other resources where they may receive appropriate treatment.

Name _____ Date of Birth _____

Phone _____ Email _____

Street Address _____ City _____ State _____ Zip _____

Ethnic Group: Hawaiian/ Pacific Islander Asian Hispanic/Latino Black/African American American Indian/Alaska Native/Indigenous
 White/Caucasian More than one race Would rather not report

Employer/School _____ Employer Phone _____

Partner/Spouse's Name _____ Partner/Spouse's Occupation _____

Partner/Spouse's Employer _____ Partner/Spouse's Employer Phone _____

Number of members of your household _____

A member is someone whom you support or with whom you share living expenses and pool income. Include yourself and spouse/partner.

Total income of previous month \$ _____

*Include all members of your household. **Total income** is all income – taxed or untaxed – of all members of your household.*

Projected total monthly income for the next three months \$ _____

Include all members of your household.

Use the space below to explain any special circumstances that you would like us to consider when evaluating your reduced fee request:

Signature _____ Date _____

I verify that the information above is true and correct to the best of my knowledge, and may be subject to verification by Oregon College of Oriental Medicine.

ocom.edu

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