

# Sliding Fee

## **What is a Sliding Fee?**

It is a discount offered to patients depending upon household income and size. A sliding fee schedule is used to calculate the basic discount, using the Federal poverty guidelines. Once approved, the discount will be honored until June 1st. Patients must reapply for the discount at that time.

## **What to Bring To Your Visit** **Personal Information**

- Picture ID (Drivers Licence)

## **All Income for Household**

- Income Tax Return
- Most Recent Pay Check Stubs
- Any other income including
  - social security
  - disability
  - pensions
  - annuities
  - veterans payments
  - net business or self employment
  - alimony
  - child support
  - military
  - unemployment
  - public aid

## **How Do I Apply?**

A completed application must include documentation of the home address, household income and names and ages of dependents. The patient is required to bring in their **last years Income Tax Return** showing their total income AND the **number of deductions claimed** AND their **most recent pay check stub**.

**This must include income from all persons in household and income from all sources, including gross wages, tips, social security, disability, pensions, annuities, veterans payments, net business or self employment, alimony, child support, military, unemployment, public aid and other.**

This supporting documentation must be present for an application to be reviewed. The application will be approved by the Office Manager or Clinic Coordinator before a discount will be granted.

**The approved sliding fee must be paid at the time of the visit.**

## **What is covered?**

The discount will apply to all in-office services provided by Family Medicine health care providers. Medication samples will be provided, when available, without charge. The discount is applied to office visits, in-house laboratory, and EKG services.

X-rays, injectable medications, reference laboratory tests\* and consulting radiology interpretations are excluded.

\*Quest Lab does give the sliding fee patients a 40-50% discount on their lab testing.

The discount is not applied to elective procedures, vaccines, OB care, purchased medications, out-of-office referred care (emergency room, hospital care, specialty care) and diagnostic tests such as CAT scans and MRI's, workman's compensation or motor vehicle accidents.

**FAMILY MEDICINE  
SLIDING FEE SCALE  
ELIGIBILITY QUESTIONNAIRE**

**DATE FORM COMPLETED:** \_\_\_\_\_

**PATIENT'S NAME:** \_\_\_\_\_

**GUARANTOR'S NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**TELEPHONE NUMBER:** \_\_\_\_\_

**HOUSEHOLD INCOME:** \$ \_\_\_\_\_

**FAMILY SIZE:** \_\_\_\_\_

<b><u>For Office Use Only</u></b>
<b>Documentation Needed</b>
Tax Return <input type="checkbox"/>
Pay Stubs <input type="checkbox"/>
<b>Information must be returned by</b>
_____
<b>Follow up call made</b>
_____
<b>Payment made <input type="checkbox"/></b>
_____

**List all members of your household, including yourself. (If you need more room please list on back.) People listed must reside in your household and be your financial responsibility.**

	Employed : Yes	No	Hours/Week:	Hourly Wage/Salary: \$
Name				
	Date of Birth			
	Employed : Yes	No	Hours/Week:	Hourly Wage/Salary: \$
Name				
	Date of Birth			
	Employed : Yes	No	Hours/Week:	Hourly Wage/Salary: \$
Name				
	Date of Birth			

**The preceding information is true to the best of my knowledge. I acknowledge my responsibility to pay for care according to the fees established.**

\_\_\_\_\_  
**SIGNATURE OF RESPONSIBLE PARTY**                      **DATE**

**FOR OFFICE USE ONLY**

Proof of Income:	
Verified by:	Date:
Approved:	Denied:
Level of Discount Applied:	