

## 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 re-apply for the discount at that time.

## What to Bring To Your Visit

### \* Personal Information

- Picture ID (Drivers License)

\* **Payment** (cash, checks, and cards accepted)

\* **Completed and signed Sliding Fee Program Application**

\* **Proof of All Income for Household**

- Last years Income Tax Return
- Most Recent Pay Check Stubs
- Any other income including

social security  
disability

net business or self employment

alimony

child support

military

unemployment

food stamps

energy assistance

**Income information must be returned within one week of your appointment.**

**Fax—402-245-6651**

**Email—pcaudle@cmfcf.org**

## Documentation Checklist

- Personal Information  
(Picture ID or Drivers License)
- Completed and signed Sliding Fee Program Application
  - Recent Pay Stubs
  - Income Tax Return
  - Other income including:
    - social security
    - disability
    - net business or self employment
    - alimony
    - child support
    - military
    - unemployment
    - food stamps
    - energy assistance

**This supporting documentation must be present for the application to be approved. Failure to bring in all documentation within one week will result in paying for the visit and services in full. In addition you will not be approved for future visits until all documentation is received and any outstanding debt is paid.**

**Family Medicine**

**3307 Barada Street  
Falls City, NE 68355**

# Sliding Fee



**{ Tel: 402-245-4475 }**

# Sliding Fee

## How Do I Apply?

You may apply for the Sliding Fee Program by submitting the following:

\* Completing and signing the Sliding Fee Program Application (which can be emailed, faxed or mailed before your appointment)

\* Providing Proof of Income

- Income is defined as any money received whether cash, check, or direct deposit used to support your household. Income can include; wages, unemployment, pension, social security, disability, child support, or public assistance such as food stamps or energy assistance.

- Households claiming zero income will be required to talk to Jessie or Penny and fill out a Declaration of No Income form.

The application and documentation can be:

- dropped off at Family Medicine or Humboldt Family Medicine
- mailed to Family Medicine at 3307 Barada Street Falls City, NE 68355
- faxed to 402-245-6651
- or emailed to [pcaudle@cmcfc.org](mailto:pcaudle@cmcfc.org)

Once received, your completed application will be reviewed by a member of our staff who will then contact you regarding your eligibility.

Please note:

**All documentation MUST be received within one week of your appointment in order to process your application.** Submitting incomplete or partial information will delay a decision until additional requested information is received. If information is not returned within one week, you are responsible for 100% of all charges. **Your approved sliding fee payment must be paid at the time of each visit.**

## How much will I pay?

If approved your office visit and any covered services will be provided at a reduced cost. This can vary from \$25 to \$40 based on your income.

## 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, outside laboratory tests, and consulting radiology interpretations are excluded.

The discount is not applied to elective procedures, vaccines, OB care, birth control, 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.