

Sliding Fee Scale Application United Community Health Center

Application Introduced By: _____ *Date:* _____ *Due Date:* _____

Patient's Full Name _____ Date of Birth _____
 Address _____ Apt/Lot # _____ Home Phone # _____ Cell _____
 City _____ State _____ Zip Code _____

Have you or any of your household members applied for **Medicaid (Title XIX)** Yes No When /Who _____
 Please list all household members, including you, below:

MR#	First & Last Name	Date of Birth	Social Security #	Income Source	Relationship

Please indicate which of the following income sources your household receives, who receives it and how often it is received:

		Who		How Often				Who		How Often	
Yes	No	Employment				Yes	No	VA Benefits			
Yes	No	Child Support				Yes	No	Rental Property			
Yes	No	Unemployment				Yes	No	SS,SSI,SSD			
Yes	No	FIP/Welfare				Yes	No	Worker's Comp			
Yes	No	Pension				Yes	No	Self-employment			
Yes	No	Alimony				Yes	No	Cash Wages			

Other: _____

You are required to provide proof of above listed income in order to complete your application. The following are acceptable forms of income:

- Current Federal Income Tax (1040-1040 EZ)
- Current Bank Statement or Print out from SSI office
- Current Paystubs for recent month
- Employer statement for cash wages (must include employer name, address, phone number, and signature)
- Letter from Caregiver

I declare that my household's financial status is as listed above, and I am responsible for these household member bills. I realize that United Community Health Center is utilizing federal tax dollars to assist me in receiving health care. I understand that giving false information regarding my household income is considered fraud against the United States government. Note: not all lab services are covered by the sliding fee program. Please ask your provider if your services are covered under the program prior to agreeing to any testing.

Guarantor/Applicant Signature _____ Date _____

Guarantor# _____ *Date SFS application Received:* _____ *By:* _____

Acct# _____



What is the Sliding Fee?

A Sliding fee is the cost you pay, that is determined by your income and family size. For example, if you have very low income you will be asked to pay less for a service than someone who has more income

Can anyone apply for the sliding fee program?

Yes. We encourage everyone to apply for the sliding fee program

Can I come to UCHC if I have insurance?

Yes. We accept a large number of health insurance plans including Medicaid and Medicare. Be sure to bring your insurance card with you for any visits at UCHC.

Can I apply for the sliding fee program if I have insurance with high deductible or uncovered services?

Yes. Insured patients may also be eligible for discounted services for uncovered insurance services based on income and family size.

What do I need to bring to United Community Health Center to apply for the sliding fee program?

- *Your most recent income tax for every working adult in your household*
- *One month of you most recent pay stubs for every working adult in the household*
- *Names, birthdates and social security numbers for each person in your household*

How much time do I have to complete and return my sliding fee application?

All documentation, including the application, needs to be received by UCHC within two weeks of your visit.

Please review the checklist for other kinds of proof of income.



Sliding Fee Application Check List

Please bring one of the following:

- Current Federal Income Tax Form (1040 or 1040EZ)
- Current Bank statement showing direct deposit for FIP, Child Support
- Pension Payments, Veteran's Benefits (bank statements are good only for fixed income)
- Most recent one month of pay stubs
- Court order for alimony or child support or print out for child support payments
- Employer statements for cash wages (must include employer name, address, phone number, and signature)
- Award letter
- Print out report from office issuing payment (SS, SSI, SSD, unemployment, VA, etc)
- Self-employed must furnish Federal Tax Return