

Sliding Fee Scale Application
United Community Health Center

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

Person financially responsible for account _____ Date of Birth _____
Address _____ Apt/Lot # _____ Phone # _____
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:

Household Members	Full NAME	Date of Birth Month/Day/Year	Social Security Number	Relationship	Office use only PT#	

Income	Receive Income From	For YOU	For SPOUSE	For Children	For Other
	Employment, cash wages, & tips				
	Social security, SSI-Supplement Security Income, FIP- Family Investment Program				
	Pension or veteran benefits				
	Child support & alimony				
	Self-employment, unemployment benefits, & other				

ON THE INCOME SECTION PLEASE STATE HOW OFTEN INCOME IS RECEIVED-WEEKLY, BI WEEKLY, TWICE A MONTH, MONTHLY, OR ANNUALLY

You are required to provide proof of above listed income in order to complete your application. Any missing proof of income will result in application being denied after 30 days, (from application date), without notice & a new slide will need to be filled out. The following are acceptable forms of income:

- * Current Federal Income Tax (1040-1040 EZ Form)
- * Current bank statement showing direct deposit of Social Security, SSI-Supplement Security Income, FIP-Family Investment Program, Child support, Pension payments, & Veteran's benefits or Print out from Social Security office/Pension Plan.
- * Paystubs for recent month-example: If you are paid weekly, we will need 4 current pay stubs
- * Employer statement that must include employer name, address, phone number, & employer signature
- * Caregiver form

I declare that my household's financial status is as listed above. I understand that I am financially responsible for everyone listed on the slide & must inform UCHC of any change in household size, income, & or insurance. 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.

Applicant Signature _____ Date _____

Date SFS application was received: _____ By: _____ GR# _____ Acct# _____

What is the Sliding Fee?

A sliding Fee is the discounted cost you pay for your visit; this is determined by your household income & family size. For example, if you have very low income you would pay less for a service than someone with a higher income does.

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 all visits at UCHC.

Can I apply for the sliding fee program if I have insurance with a high deductible or services that are not covered?

Yes. Insured patients may also be eligible for the discounted services for services that your insurance does not cover or if you have a high deductible. It is based on income and family size.

What do I need to bring to UCHC to apply for the sliding fee program?

*Current Federal Income Tax (1040-1040 EZ Form)

*Current bank statement showing direct deposit of Social Security, SSI, FIP/Welfare, Child support, Pension payments, & Veteran's benefits

* Paystubs for recent month-example: If you are paid weekly, we will need 4 current pay stubs

* Employer statement that must include employer name, address, phone number, & employer's signature.

*Caregiver form

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.