

# Sliding Fee Discount Application Instructions

Our sliding fee scale offers discounted office visit costs for patients who qualify. This fee scale is based on family size and family income only. It is for people who earn up to 200% of the Federal Poverty Level.

- 1. Complete all areas of the application.** Include information for everyone who lives in your house.
- 2. Provide documentation for all your income.** Include any money from paychecks, Social Security, TANF, child support, retirement income, interest, financial help from friends or family, Pell grants, etc. Food stamps, housing allowance, and other non-cash benefits do **not** count. We need at least one month of documentation for everyone earning any income, not just the head of household. You can also provide tax documents.
- 3. Do not provide any false information.** This will result in denial of your application and being prohibited from applying in the future.
- 4. Your application is complete once our office receives all documentation.** Any awarded discounts will be applied beginning on the date of your completed application (even if it takes the office a few days to process your application).
- 5. The discount lasts one year** from the date of your completed application. Reapply with updated information every year. You may also reapply if your financial situation changes.

If you need help completing your application, ask an Intensive Health team member.



# Sliding Fee Discount Application

Intensive Health provides essential services regardless of the patient's ability to pay. Discounts are offered based on family size and annual income. To determine your eligibility, complete the following application, and return it to the front desk. (This form must be completed every twelve months or if your financial situation changes.)

See the attached document for a list of services covered under the discount.

Name of Head of Household: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Employer: \_\_\_\_\_

## Household Members

Please list everyone living in your household including yourself.

Name	Relation	Age	Employed?

## Annual Household Income

Proof of income (pay stubs, award letter, tax returns, or other verifying income documents) is required before we will process your application.

Income Per Year	Self	Partner	Dependents	Total
gross wages, salaries, tips, etc.				
income from business, self-employment, and dependents				
unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income				
interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources				
<b>Total Income</b>				

I certify that the household size and income information provided above is correct.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Office Use Only

All documentation received: ☐ Yes ☐ No

Approved discount amount: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date approved: \_\_\_\_ / \_\_\_\_ / \_\_\_\_