

HEALTH CENTER ~ SLIDING FEE DISCOUNT APPLICATION



Tri-County Community Action Agency’s Health Center is a Federally Qualified Health Center (FQHC). It is our policy to provide essential services regardless of the patient’s ability to pay. Discounts are offered based upon family/household size and annual income. Please complete the following information and return to the front desk to determine if you or members of your family are eligible for a discount. This form must be completed every 12 months or if your financial situation changes. The discount will apply to all services received at this clinic, but not those services which are received outside, including laboratory testing, radiology, medications, hospital care or other similar services.

In order to qualify for the sliding fee discount, you must show proof of gross annual income for all immediate family members living in your household. Gross income is ALL income from ALL sources before taxes. Applicants must provide copies of proof of income. The following are acceptable proof of income: previous years income tax return or W2; two consecutive paystubs; copy of unemployment benefits notice; disability award letter/check; social security check or bank statement identifying direct deposited amount.

HEAD OF HOUSEHOLD INFORMATION:

FIRST NAME	MIDDLE INITIAL	LAST NAME
DATE OF BIRTH (MM/DD/CCYY)	SOCIAL SECURITY # (IF ISSUED)	HEALTH INSURANCE

FAMILY SIZE (# OF IMMEDIATE FAMILY MEMBERS LIVING IN YOUR HOUSEHOLD)	TOTAL GROSS HOUSEHOLD INCOME
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List name(s) and date(s) of birth of dependent family members (i.e. Spouse, Domestic Partner, Children).

First and Last Name:	Date of Birth:	Relationship:
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I hereby certify that the above information is, to the best of my knowledge, true and correct. I further agree to notify Tri-County Community Action Agency Health Center of any changes in this information within ten (10) days of such change. I understand I must re-qualify annually to maintain my eligibility. I am also aware that this information is reviewed and based upon Federal Poverty Guidelines published annually by the Federal Government.

Sliding fee payment is due and payable at the time of service. To maintain discount, fees must be paid promptly. If you are unable to make payment at time of service, please speak to the receptionist to make other arrangements.

Please note: A Patient Navigator may contact you to discuss eligibility and enrollment in the Health Exchange (Affordable Care Act).

Signature: _____ Date: _____

To be completed by Tri-County Staff only:

Verified by:	Date:
<input type="checkbox"/> Proof of Income Verified <input type="checkbox"/> Income Declaration completed <input type="checkbox"/> Patient refused to complete <input type="checkbox"/> Patient does not qualify for sliding fee discount	SS Category: _____ Expiration Date: _____