

Application for Slide Scale Fee Privileges

To retain sliding scale fee privileges **PROOF OF INCOME MUST BE SUPPLIED WITHIN 5 DAYS OF THIS APPLICATION.** (Example of proof of income includes but not limited to: Recent pay stub for all working members and evidence of other income, current award letter or printout from the Social Security Administration, alimony or child support, a statement on employer letterhead stating average hours worked a week and the pay rate, or a recent bank statement.) **If proof of income is not received or you refuse to supply this information within this time, you will be responsible for 100% of the bill.**

Please complete the following household information:

Do you or anyone residing in your household receive any of the following?

		Yes	No	Amount			Yes	No	Amount
A	Employment				K	Social Security for spouse, children or others			
B	Unemployment				L	Food Stamps			
C	Worker's Compensation				M	Any regular support from someone not living with you			
D	Strike Benefits				N	Government Employee Pension			
E	Veteran's Benefits				O	Private Insurance and/or regular insurance annuity payments			
F	Job Training Funds				P	Dividends			
G	Alimony				Q	Interest Payments			
H	Child Support				R	Rental Payments			
I	Military Family Allotments				S	Royalties			
J	AFDC				T	Income from estate/trusts			

Total Yearly of Income from above: _____

Please list the name of each member of your household below (If not enough space, please use the back)

Name	Date of Birth	Social Security Number	Income	Weekly, Bi-Weekly, Bi-Monthly, Monthly

I certify that I have read or have had read to me the above questionnaire and that all of the information is correct. I understand that failure to make full disclosure of my true income is an act of fraud and can be punishable by either a fine or imprisonment according to federal law.

Patient/Guardian Signature

Today's Date

2023 Annual Income Thresholds by Sliding Fee Discount Pay Class and Percent Poverty

Persons in family/household	2023 Poverty guidelines	Poverty Level				200% Full Fee		
		0-100%	101-133%	134-166%	167-200%			
Family Size	Minimum Fee (20.00)	25%		50%	75%	100%		
1	\$14,580	\$ 14,581	\$ 19,391	\$19,392	\$24,203	\$24,204	\$29,160	\$29,161
2	\$19,720	\$ 24,650	\$ 26,228	\$26,229	\$32,735	\$32,736	\$39,440	\$39,441
3	\$24,860	\$ 31,075	\$ 33,064	\$33,065	\$41,268	\$41,269	\$49,720	\$49,721
4	\$30,000	\$ 37,500	\$ 39,900	\$39,901	\$49,800	\$49,801	\$60,000	\$60,001
5	\$35,140	\$ 43,925	\$ 46,736	\$46,737	\$58,332	\$58,333	\$70,280	\$70,281
6	\$40,280	\$ 50,350	\$ 53,572	\$53,573	\$66,865	\$66,866	\$80,560	\$80,561
7	\$45,420	\$ 56,775	\$ 60,409	\$60,410	\$75,397	\$75,398	\$90,840	\$90,841
8	\$50,560	\$ 63,200	\$ 67,245	\$67,246	\$83,930	\$83,931	\$101,120	\$101,121
For families/households with more than 8 persons, add \$5,140.00 for each additional person.	\$5,140	\$6,425		\$7,710	\$8,995		\$10,280	