

## Sliding Fee Scale

VPCHC is a Federally Qualified Health Center that receives government funding. Due to this funding, we have the opportunity to offer a discount on your services based on your annual income. If you feel this may be a benefit to you and/or your family, please complete the information below and provide verification of income within 10 days of receipt of this application. Should the required documentation not be received, no discount will be given.

### Patient Information:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Work or Cell phone: \_\_\_\_\_

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

### Household Information: List all individuals living in the home.

Name

Date of Birth

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

### Income Information: Please complete for all adult household members who are employed.

Proof of income (income tax return or last 2 paystubs) must be provided.

Employed person: \_\_\_\_\_ Company: \_\_\_\_\_

Income (before taxes) \$ \_\_\_\_\_ Paid: ☐ Weekly ☐ Every 2 weeks ☐ Monthly ☐ Other

Employed person: \_\_\_\_\_ Company: \_\_\_\_\_

Income (before taxes) \$ \_\_\_\_\_ Paid: ☐ Weekly ☐ Every 2 weeks ☐ Monthly ☐ Other

### Other Income:

Alimony \$ \_\_\_\_\_ Child support \$ \_\_\_\_\_ Disability \$ \_\_\_\_\_ Pension \$ \_\_\_\_\_

Social security \$ \_\_\_\_\_ S.S.I. \$ \_\_\_\_\_ Unemployment \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

By signing below, I agree to provide VPCHC with proof of income for the purpose of calculating my discount. I understand I will be asked to reapply on an annual basis and agree to inform VPCHC if there are changes to my income, household size or insurance coverage. I understand that certain services and/or items cannot be discounted. I agree to pay my copay at the time of service. I hereby certify that the information provided is correct.

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

### For Office Use Only

Account # \_\_\_\_\_

Effective date \_\_\_\_\_

Total income \$ \_\_\_\_\_

Discount \_\_\_\_\_

Staff initials \_\_\_\_\_

## Required Documentation

The following documentation is mandatory to complete your sliding fee application.

1. Proof of Income (Provide all that apply to your household)
  - ☐ Paystubs – *most recent 30 days*
  - ☐ Copy of unemployment statement, social security benefits (bank statement or benefits statement), pension or retirement statement
2. Taxes
  - ☐ W2's or copy of your most recent tax filing with the IRS
3. Proof of Residency
  - ☐ Any piece of mail received at your home with your name and current address

Documents from all three categories must be provided within 10 business days in order to process your application. If documents are unavailable, please complete the attestation form. Documents and/or completed attestation form are due on \_\_\_\_\_.

Your prompt attention to this matter will ensure all eligible discounts are received. Upon approval of your sliding fee application, discounts will be applied to outstanding charges going back 90 days. Charges older than 90 days from the application approval date will not be adjusted.

## Attestation Form

### Housing/Living Expenses

I, \_\_\_\_\_ currently live with (name of person aiding) \_\_\_\_\_  
at (address) \_\_\_\_\_.

(Name of person aiding) \_\_\_\_\_ provides for my basic needs of food and shelter.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Person aiding signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Income/Employment

I, \_\_\_\_\_ am currently unemployed and have no source of income. I am meeting my basic needs through the assistance of family, friends and community resources.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Tax Filing

I, \_\_\_\_\_ do not file Federal income taxes.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### FOR OFFICE USE ONLY

Items received: (check all that apply)

☐ Application ☐ Proof of Income ☐ Proof of Tax Filing ☐ Proof of Residency

\*All items must be received before application can be processed.

Navigator signature: \_\_\_\_\_ Date: \_\_\_\_\_