

Sliding Fee Scale Application

Dear Patient,

Thank you for choosing Valley Professionals Community Health Center as your medical home. Your health and wellness is our top priority. Valley Professionals offers a program to ensure you can receive the care you need. It can assist you if you don't have insurance or are underinsured. This program is income-based and could result in reduced fees. If you feel this program would benefit you, please complete the attached Sliding Fee Application.

Please include in your application:

1) Proof of Income

- Paystubs (for the most recent 30 days)
- Unemployment statement, SSI benefits, retirement statements.

2) Proof of Residency

- Any piece of mail received at your current address with your name on it.

3) Photo Identification

- Driver's License or State I.D.

After we review your application, you will be notified of your Sliding Fee determination. This notification will include your approval status and required co-pays (as applicable).

If you have any questions, please get in touch with one of our Community Resource Navigators.

We look forward to serving your health care needs.

Patient Information:

Name: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Work or Cell Phone: _____

Marital Status: Single Married Separated Divorced Widowed

Living Status: Own Home Rent *(If you selected "Own Home" or "Rent", skip to #2)*
 Living with Friend/Relative *(If you selected Friend/Relative, continue to #1)*

1. I, _____ currently live with _____
 (Applicant's name) (Name of person aiding)
 at _____
 (Address)

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

2. **Tax Household:** Do you file taxes? Yes
(If yes, list anyone being claimed as a dependent on your current taxes below)
 No *(If no, skip to #3)*

| | Name | Date of Birth |
|----|-------------|----------------------|
| 1) | _____ | _____ |
| 2) | _____ | _____ |
| 3) | _____ | _____ |
| 4) | _____ | _____ |
| 5) | _____ | _____ |

3. I, _____ did not file Federal income taxes in the last year.
(Applicant's name)

Are you currently employed or receiving any other income? Yes (If yes, select income type below)
 No (If no, skip to the applicant #4)

- Employer wages, salaries Tips Social Security Benefits Unemployment
 Alimony Retirement Self Employed Investment/Rental Income
 Other _____

4. I, _____ am currently unemployed and have no source of income.
(Applicant's name)

I am meeting my basic needs through the assistance of family, friends, and community resources.

By signing below, I agree that the information provided above is correct to the best of my ability. I agree if any information is found to be incorrect, my sliding fee determination may be void. I further agree to pay any copays at the time of service.

Applicant Signature: _____ **Date:** _____