



# Sliding Fee Discount Application & Income Report

*Please read NEED TO KNOW (Reverse side) before completing this form.*

## ARE YOU APPLYING?

- YES, I AM APPLYING. My proof of income is attached. (We do not accept applications without Proof of Income- See what documents are required on back)
- NO, I AM NOT APPLYING but I will provide my household income information to help Sadler comply with Federal reporting requirements.
- NO and I refuse to share my income information

### HOUSEHOLD SIZE AND INCOME

**Definition of Household:** A household consists of all the persons who occupy a house or apartment. Adult children living at home who are no longer dependent are considered a separate household. Roommates who share living arrangements but are not tied to one another through marriage, children or similar relationship are considered separate households. Those living with a friend or relative during a time of need are also considered a separate household.

First Name / Last Name Of all household members	Relation	Insurance co. Name	INCOME Check One <input type="checkbox"/> Monthly <input type="checkbox"/> Annual	Date of Birth	Sadler Health Staff Use Only Account #
	Self		\$		
	Spouse/Other		\$		
	Dependent		\$		
	Dependent		\$		
	Dependent		\$		
	Dependent		\$		
	Dependent		\$		
	Dependent		\$		

Additional household members can be attached on a separate sheet of paper.

**If declaring \$0 income, please explain how you are able to sustain shelter and food:**

<b>Household Street Address</b>	<b>Apt.</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Home Phone:</b>		<b>Cell Phone:</b>		
<b>E-mail:</b>				

I hereby certify that the information provided in this application is true and complete. I understand that willful falsification and/or omission of information contained in this application will result in denial of financial assistance. I understand the information provided will be checked for accuracy and verified.

**Patient Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## NEED TO KNOW

- Everyone is encouraged to apply even if you have health insurance coverage.
- If you qualify –The effective date will be the date Sadler received your completed application. Your application is not considered complete until all supporting income documents are received.
- If you qualify and have health insurance your discount may help cover your deductible, Co-pay, and Co-insurance or if your health insurance terminates you will only be responsible for the nominal or discount flat fee assigned to your discount level.
- If you qualify you may receive a higher (based on your discount level) discount from the Lab Company we use.
- If you have no health insurance and apply, you will be Full Fee until the application is complete with all supporting documents. Payment will be collected the day of your appointment.
- Applications expire in one (1) year. – You will receive a reminder to Re-Apply
- You are required to report any changes related to your income and household size immediately.
- If you apply and do not qualify for a discount at Sadler, you are still eligible for discount pricing at select pharmacies.
- If you choose not to apply we still must ask you to provide your household income. As a Federally Qualified Health Center we are required to submit population statistics annually. No personal information is submitted – Only statistics.

### Income Documents **REQUIRED** if Applicable

- Pay stubs or letter from employer (on letterhead) listing gross wages before taxes for last 30 days.
- Unemployment Compensation Determination Letter
- Award letters (SSI or SSD) \*REQUIRED IF APPLICABLE
- Court documents, or bank statements showing deposits of child support or alimony payments
- Documentation of other sources of income (Pension Payments- notice or bank statement)
- Most recent tax return if self-employed

**Preferred but NOT required**

- *Checking and savings account statements from the bank showing the last full 30 days of activity (Individual and Business). Statement must show bank and account name. **Note: providing a bank statement is NOT a substitute for the documents listed above.***

### FOR OFFICE USE ONLY

Calculation Notes:

Family Size:	Gross Household Income Amount: \$	Check One: <input type="checkbox"/> Monthly	<input type="checkbox"/> Annual
Slide Level:	Office Visit Fee: \$	Effective:	Expires:
Results provided via: (circle one) In Person Letter Call		Date:	No Change
*Initial Application or Change in level Only			
Processed by:		Date:	