



Sliding Fee Discount Application & Income Report

OFFICE USE ONLY <i>Rec'd Date/Initials</i>

*Please read **NEED TO KNOW** on 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: Consists of the applicant, their spouse, and children under 18 years of age who live together and for whom the applicant has financial responsibility. Roommates who share living arrangements but are not connected through marriage or parent-minor child relationships are considered separate households. Individuals living together with family members, friends, or relatives during a time of need are also considered separate households if there is no legal or financial responsibility for one another.

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	<i>Office Use Only</i> 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 pay for shelter and food:

Household Street Address	Apt. #	City	State	Zip
Home Phone:		Cell Phone:		
E-mail:				

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

- Parents of adult patients or other extended family members residing in a multigenerational household are not included as part of the applicant's household unless the applicant has legal or financial responsibility for them.
- 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. If you lose your health insurance 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 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 on 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 but 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.

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
- Current award letters (SSI or SSD)
- 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, specifically pages 1 & 2 of 1040 and pages 1 & 2 of Schedule 1

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
<i>*Initial Application or Change in level Only</i>			
Processed by:		Date:	