



SLIDING FEE SCALE ELIGIBILITY FORM

To determine your eligibility for our sliding scale, we must obtain the following information:

Are you employed? Yes No

Family Size: “Family” is defined as all individuals living in a patient’s household who are support by the same income.

- If the patient is an adult, “family” includes the patient’s spouse or domestic partner, all minors under the age of 18, and all adult children living with the patient if disabled or if enrolled in school.
- If the patient is a minor, “family” also includes the parents, grandparents, or legal guardian if living with the child.

Income:

- The most recent tax filing form Yes No
- **One** of the following:
 - Last months’ worth of paystubs Yes No
 - Award or benefit letter Yes No
 - Letter from employer on company letterhead stating wages Yes No
 - Unemployment check stub Yes No
 - If patient has none of the above, complete the Self-Declaration of Income Form. Yes No

As a matter of patient safety, HBHW takes the greatest care to assure that patient names on records and documents are correct. To assist us in accomplishing this, we recommend that patients provide a picture ID with the date of birth, if possible. Examples of such identification would include, but are not limited to:

- Driver’s license
- Passport
- Student ID
- National identity or consular card
- Employment ID
- A birth certificate, even though not a picture ID, would be acceptable to assure that the name and birthdate are correct.

Inability to provide such documentation will not prevent a patient from being eligible for the sliding fee but should be encouraged. This is a HBHW practice that we feel will help safeguard patient health information, but is not a federal requirement at this time, and should not be construed as a barrier to care.

List all eligible members in household. Show income for all eligible household members listed below who receive an income. Please utilize the attached Sliding Fee Income Calculation Form to determine income.

Name/MR# if applicable	DOB	Relationship	Income Amount	Documentation
		SELF		

Total Income =	
Total Family Size =	
Percentage of Federal Poverty Guideline =	
HBA/Manager Signatures =	

Sliding Fee Scale Determination

Disapproved	Approved	SF Level (A, B, C, D, E)	Effective Date	Yearly Renewal Date

Sliding Fee Discount Scale

A		B		C		D		E		Poverty Level Over 200%
Nominal Charge	\$25.00	Discounted Fee	\$35.00	Discounted Fee	\$50.00	Discounted Fee	\$60.00	Discounted Fee	\$75.00	No Discount
Pharmacy	Cost + \$10.00	Pharmacy	Cost + \$12.50	Pharmacy	Cost + \$15.00	Pharmacy	Cost + \$17.50	Pharmacy	Cost + \$20.00	

OB/GYN Services – See PFN 100 Attachment B

- I hereby verify that the above information is true and accurate. I acknowledge that this is a Federally Funded Program and if I am giving any false information, I am committing a Federal Offense and could be prosecuted. If false information is given, I acknowledge that I will be discharged from all HBHW programs. If approved, a nominal charge or discounted fee is due at every visit. The nominal charge or discounted fee excludes any off-site services, such as laboratory and radiology.
- The nominal charge or discounted fee is that amount established by HBHW from time to time for each visit by a qualified patient eligible for the Sliding Fee Discount Program. In addition, HBHW periodically reviews and updates its Sliding Fee Discount Schedule, the Sliding Fee Discount Program and Federal poverty guidelines. This could result in a change to your discount amount.

Signature of Applicant

Date

Sliding Fee Income Calculation

Social Security/Supplemental Security Income (SS or SSI) or Social Security Disability (SSD or SSDI)

To determine income, use the following formula with information provided on their yearly Benefits Statement:

$$\frac{\text{Monthly income}}{\text{Monthly income}} \times 12 = \frac{\text{Yearly income}}{\text{Yearly income}}$$

Unemployment

To determine income, use the following formula with information provided on their benefits statement or unemployment website printout with the amount they receive biweekly (generally unemployment is paid out every 2 weeks):

$$\frac{\text{Biweekly income}}{\text{Biweekly income}} \times 26 = \frac{\text{Yearly income}}{\text{Yearly income}}$$

Wages

To determine income, use the patient's paystubs, letter from employer on letterhead, or notarized letter from employer:

Weekly income

$$\frac{\text{Total of all paystubs}}{\text{Total of all paystubs}} / \frac{\text{Number of paystubs}}{\text{Number of paystubs}} \times 52 = \frac{\text{Yearly income}}{\text{Yearly income}}$$

Biweekly income (paid every 2 weeks)

$$\frac{\text{Total of all paystubs}}{\text{Total of all paystubs}} / 2 \times 26 = \frac{\text{Yearly income}}{\text{Yearly income}}$$

Semi-monthly income (paid twice per month – set days)

$$\frac{\text{Total of all paystubs}}{\text{Total of all paystubs}} / 2 \times 24 = \frac{\text{Yearly income}}{\text{Yearly income}}$$

Monthly income

$$\frac{\text{Total of all paystubs}}{\text{Total of all paystubs}} \times 12 = \frac{\text{Yearly income}}{\text{Yearly income}}$$

* If patient brings more than 2 paystubs, total all paystubs and divide by the number of paystubs instead of 2 *

* If income is received weekly, 4 consecutive paystubs is requested *

* Please circle pay period, date ranges and income amount on paystubs*