



**Sliding Scale Application Form**

Date \_\_\_\_\_ Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**Would you like to see if you or a household member is eligible for insurance?**

Please list all immediate family members and persons living in your household (spouse or life partner and children that **are under the age of 21 years**) and that are dependent on family income. Please do not include guests, elderly parents or roommates.

Name of family members:	Sex	Date of Birth	'X' if no health insurance	Has insurance? Type: Medi-Cal (MC) , CMSP, Healthy Kids (HK), PHP, Path 2 Health or 'Other' (please specify)
1. (Self)				
2. (Spouse)				
3. (Child)				
4. (Child)				
5. (Child)				

What is your gross family income BEFORE deductions (please include all working adults, above age 21)?

Name of family member receiving income / money	Monthly income amount per person	Source of income (job, social security, pension, workers comp, child support , alimony other)	Income Proof, Date Requested, Verified	PHC Staff Notes
1. (Self)				
2.				

**I certify that the income and family composition information is true and correct to the best of my knowledge. I have read the S/S program conditions and I will abide by all S/S requirements.**

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Please bring your proof of income within 7 days.**

**STAFF USE ONLY**

PHC Staff: \_\_\_\_\_ Date: \_\_\_\_\_ S/S Termination Date \_\_\_\_\_

Per your estimated monthly income of \$\_\_\_\_\_ and a family size of \_\_\_\_\_ of your qualify for SS level \_\_\_\_\_ (7days)

Based on your monthly income of \$\_\_\_\_\_ and a family size of \_\_\_\_\_ you qualify for SS level \_\_\_\_\_ (12 months)

For each office visit, you will pay: 1) \_\_\_\_\_ % of the total charges **or** 2) \_\_\_\_\_ a flat fee of \$30.00

## Sliding Scale Coverage Information

The Petaluma Health Center (PHC) receives federal funds to help provide medical and behavioral health services for low-income and/or uninsured patients through our Sliding Scale (S/S) program. **See the Sliding Scale Program Grid.**

### What are the S/S program levels?

[Patient meets 0-100% of FP guidelines]: pays nominal fee \$30

**Level A:** Patient pays \$30.00 for office visit (\$5.00 discount if paid at time of service)

**Level B:** Patient pays 30% of visit charges.

**Level C:** Patient pays 50% of visit charges.

**Level D:** Patient pays 70% of visit charges.

- Levels B and above will not pay less than level A
- Patients above 200% FP will not receive a sliding scale discount.

### Shared Medical Visit

**Level A:** \$10.00      **Level C:** \$13.00

**Level B:** \$11.00      **Level D:** \$15.00

The S/S discounted rate is to be paid the date of service. Visit charges are never lower than S/S level A or a group visit.

### What is not covered under S/S

- Medicines \*
- Vaccines \*
- Laboratory services (all PHC patients receive a discount on lab cost if they pay the day of service)
- Services provided by a hospital, outside physician or agency.
- Circumcision\* (\$250)
- Physical exams \*\*
- Family Planning Services:
  - Pregnancy \*\*
  - Infertility services \*\*
  - IUD, Depo Provera \*\*
  - Tubal ligation/Vasectomy\*\*

\*Services charged at our cost.

\*\* Services may be covered by enrolling and qualifying into the Family Pact Program or other programs.

### S/S Program Conditions

1. **To qualify for the S/S discount, you must bring your family's proof of income within 7 days.<sup>1</sup>**
  - a) Proof of Income: 2-4 pay stubs, tax forms, letter from employer, documents verifying amount of income from other sources, ex. Unemployment, SSI, alimony, child support etc.
  - b) If you do not have your proof of income at your appointment, you may estimate your family's current gross monthly income but bring documentation to the health center within 7 days.
2. If your proof of income is eligible, you will receive a discount for 12 months. S/S expires after 12 months and you must re-apply.
3. You might be eligible for: Medi-Cal, CMSP, PHP, California Kids, Healthy Kids or other insurance. Please make an appointment to submit an application for insurance. We may contact you regarding eligibility for this and other programs.
4. If you fail to bring us your proof of income and do not comply with these terms, you will be charged the FULL price for your next visit.
5. No retroactive discounts will be given for office visits after the S/S card has expired. Please bring in your proof of income and apply immediately.

**I need to bring in my Proof of Income by \_\_\_\_\_ to receive my S/S status.**

<sup>1</sup> The qualified applicant and SS-covered family members will receive a temporary 30-day discount for office visits if necessary.

# You may be eligible for... *Insurance and CalFresh Food Assistance*

Please call Elia Solar, Flor Serrano, or Mercedes Nolasco to make an appointment:

**(707) 559-7500**

Other numbers to call for Insurance & Food Assistance:

Petaluma Peoples Services Center 765-8488

Sonoma County Division of Economic Assistance 1-877-699-6868

## PHC LOW-INCOME INSURANCE PROGRAMS

- \* Healthy Kids
- \* Medi-Cal Kids & Adults
- \* AIM (program for pregnant women)
- \* PHP
- \* Path2Health
- \* CMSP: County Medical Services
- \* Food Assistance Program (*CalFresh*)

## PHC CLASSES & COUNSELING

- \* Health Education
- \* Diabetes & Pre-Diabetes
  - \* Childbirth/Breastfeeding Classes
- \* Wellness Classes (for patients with chronic disease)
- \* Nutrition
- \* Smoking Cessation
- \* Integrative Medicine including chronic pain and acupuncture classes
- \* P.L.A.Y.- Petaluma Loves Active Youth

## PHC LOW-INCOME UNINSURED PROGRAMS

- \* Every Woman Counts: Cervical Cancer & Mammogram screening for women
  - \* CHDP: Physicals and immunizations for children 0-18
  - \* CPSP: Comprehensive Peri-Natal Care
- \* FAMPACT: Birth control, family planning, STD screening, pregnancy testing, PAP test
  - \* IMMUNIZATION CLINIC: Free vaccines for children & limited vaccines for Uninsured (Tues., 9:00 am - 12:00 pm)
- \* Sliding Scale (for low income uninsured patients) \* Medication Assistance Program

## PHC BEHAVIORAL HEALTH

(707) 559-7545

## PHC DENTAL HEALTH

(707) 559- 7550

### HOURS

Monday-Thursday 8:00 am - 8:00 pm  
Friday 8:00 am - 5:00 pm  
Saturday 8:00 am - 12:00 pm  
By Appointment Only

1179 North McDowell, Petaluma, CA 94954  
(707) 559-7500