

Sliding Scale Application

Last Name

First Name

Date of Birth

This form is used to determine if you are eligible for a discount on the fees for your medical services. You must complete this form in order to receive a discount.

Please note: Discounts are for visits. Labs, pharmacy and other services may not qualify for a discount.

You must report all sources of income for the household members listed on this form.

This includes:

- Wages or salary from employment
- Earnings from self employment
- Child Support, Spousal Support, or Alimony
- Any other source of income
- Pension or Retirement income
- Social Security
- Disability payments
- Unemployment payments
- Income Affidavit

We reserve the right to request evidence of your income in the form of pay stubs, tax returns, or other documents in order to qualify for discounts.

List below all household members living in your household and supported by the household income. Once this form is completed, each household member with a Petaluma Health Center account will be eligible for the discount.

_____ DECLINED (I understand that I'm not eligible for any discounts or programs)

HOUSEHOLD MEMBER FULL NAME	DATE OF BIRTH	TYPE OF INCOME	ANNUAL INCOME <i>(before taxes or deductions)</i>	ENTERED BY
TOTAL HOUSEHOLD SIZE		TOTAL HOUSEHOLD ANNUAL INCOME		

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If you are reporting no income, you must describe your current means of support and/or living situation: _____

I declare, under penalty of perjury, that the information I have given on this form is true, correct and complete. I understand that the giving of false information may make me ineligible for discounted services.

Applicant Signature: _____ Date: _____

OFFICE USE ONLY

Income Verified* Yes (exp. 365 days) No (<200% FPL - exp. 7 days)
 No (>200% FPL - exp. 365 days)

Notified Patient about eligibility screening & application assistance through Certified Enrollment Counselor Yes

This applicant is: Eligible for Sliding Scale Discount: _____
 Not Eligible for Sliding Scale Discount

Termination date: _____

Certified by: _____
Staff Name Date

Routing Instructions: Receptionist - Document eligibility for each family member for each account type within registration. Enter date eligibility begins (the certification date on this sheet) for each eligible account. Scan form into record.

***ROUTE TO CEC** for follow-up assistance.