



**Hoxie Medical Clinic, FQHC  
826 18<sup>th</sup> St Suite A  
Hoxie, KS 67740**

TO WHOM IT MAY CONCERN:

Thank you for inquiring about the Slide Fee Discount available to patients at Hoxie Medical Clinic. Enclosed you will find copies of our application, income verification, and financial statements. In addition to the forms attached we will need copies of any income to include but are not limited to: Wages, Unemployment, Social Security, Disability, Pensions/Retirement, Child Support, Alimony and other sources of income. Acceptable proof of income would be:

Current tax return. Pay check stubs from all members of the household. Check stubs must be dated within the last month. Any paperwork from the Kansas Department of Revenue to prove employment status and amount of unemployment compensation. A letter from the employer on company letterhead with a contact person and a phone number for the contact. Any letter or paperwork from a court showing child support or alimony payment amounts. Pension/Retirement disbursement paperwork. Rental Contract(rental income).

Please note we defined household as all persons related by birth, marriage, or adoption who reside together, dependents and others in the same tax household. Unrelated individuals who are not dependents living at the same address are considered separate households'.

The attachments required are Copy of Sliding Fee Adjustment Worksheet (Application), Declaration of Income (fill out and sign income (if household has income) or no income ( if household has no income). The other attachments are required based on the patient's income. If no income is reported for any household member, please fill out Statement of Financial Assistance. If income is reported for any household member that is in the form of cash or undocumented income, please fill out Financial Statement for Undocumented Income. If undocumented income is from an employer please have employer write letter that states patient is paid x wages per month from company with contact number and name for employer.

Please note that the attached forms and acceptable proof of income are subject to change without notification.

Please don't hesitate to call with any questions you may have. I do NOT have access to secured email so please don't send patient information via email. I am here for you!

Thank you,

Amber Vaughn  
Patient Account Representatives  
785-675-3018

4/12/2016