

HOXIE MEDICAL CLINIC

SLIDING FEE ADJUSTMENTS WORKSHEET

SLIDING FEE POLICY

The Sliding Fee scale is for all those patients who meet the income guidelines. Proof of gross income is required within 7 days for all those living in the household.

VERIFICATION OF GROSS INCOME MUST BE PROVIDED TO PROCESS APPLICATION

Applicant Name _____	Date _____
Street _____	Birthday _____
City, St, Zip _____	County _____

LIST BELOW **ALL** MEMBERS OF HOUSEHOLD. LIST **ALL GROSS INCOME** RECEIVED BY **EACH** PERSON IN HOUSEHOLD.

NAME	TYPE OF MEDICAL COVERAGE	RELATIONSHIP ____(SELF)	BIRTH DATE	AMOUNT OF MONEY RECEIVED	SOURCE NUMBER

Source of income (list number on line above)

- | | | |
|--------------------|------------------------|------------|
| 1. Wages | 4. Disability | 7. Alimony |
| 2. Unemployment | 5. Pensions/Retirement | 8. Other |
| 3. Social Security | 6. Child Support | |



Do you have health insurance or dental insurance coverage? No: _____ Yes: _____

If yes, what kind? Health Insurance: _____ Medicaid: _____ Medicare: _____ Dental: _____

I request Hoxie Medical Clinic to make a determination of my eligibility for discounted services. I understand the information I submit concerning my annual gross income and family size is subject to verification and that I will supply all requested documentation. I affirm all information submitted is true and correct to the best of my knowledge and understand that if information I submit is determined to be false, it will result in denial of discounted services and that I will be liable for charges for services provided.

Applicant's Signature X _____ Date _____

Clinic Calculation for Sliding Fee	Verification Code	(Clinic Use Only)
Total Family Income: _____	1. 1040 _____	REVIEWED BY: _____
A. Applicable Poverty Level: _____	2. W-2 _____	APPROVED BY: _____
B. Annual Family Income as Percent Poverty Level (A/B/C/D) _____	3. Wage Statements _____	Exp: ___/___/___
C. Applicable Fee Reduction _____	4. Benefit Letters _____	Card Sent: ___/___/___
	5. Other _____	