

CONNECT MEDICAL CLINIC

Sliding Fee Notice and Application

CONFIDENTIAL AND FILED SEPARATELY FROM PATIENT'S MEDICAL RECORD

Patient Initials: _____ Med Rec Number: _____ DOB: _____

The Sliding Fee Discount Program is designed to provide discounted care to those with no means or limited means to pay for services (uninsured, underinsured, out of network.)

Completing this form is necessary to apply for Connect Medical Clinic's Sliding Fee Discount Program.

The information contained in this form is confidential and used for administrative purposes only. This document will be stored in a locked cabinet separate from your medical record. It is not used for reporting census, immigration, or any other documentation purposes. It is used solely to determine your eligibility for the Sliding Fee Discount.

Patients will not be discriminated against based on age, gender, race, creed, disability, national origin or insurance status. **Dignity, confidentiality, and respect will be given to all who seek and/or are provided charitable services.**

Sliding Fee Discounts will be based on self-declared household size and total household income. Connect Medical Clinic recognizes families do not always fit the traditional model. Connect identifies the definitions of a **Household and Income** as below:

A. Household consists of all the persons who occupy a house or apartment, or a unit of individuals for whom you bear responsibility or with whom you share a living space.

B. Income includes: earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources. Noncash benefits (such as food stamps and housing subsidies) do not count.

Income will be verified by providing Connect staff with a month's pay stubs or last year's tax return or W2 before services are received. Self-reported income may be accepted on a case-by-case basis, and services may be provided with the expectation that necessary documentation will be submitted within two weeks. If documentation is not provided within this timeframe, services will be billed at 100%.

If approved, we will write to you to notify you of your application status and the percentage of the Sliding Fee Discount.

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The discount will apply to all in-house services received at Connect Medical Clinic. **Outside services such as outside laboratories are not included in Connect's Sliding Fee Discount Program.**

An approved Sliding Fee Discount Program covers patient balances incurred within 12 months after the approved application date. A denied applicant can reapply after the 12 months have expired or when there has been a significant change in household size or income.

This form must be completed every 12 months or if your financial situation changes.

FORM: I hereby submit to Connect Medical Clinic my unverified income information to be used to determine my eligibility for the Sliding Fee Discount.

I certify that the household size and income information submitted is correct.

PT Initials: _____

Number living in Household (including you): _____

Total Gross Monthly Household Income before taxes: _____ / month

Proof of income: _____ **Staff Initials:** _____

<p>Connect Staff:</p> <p><input type="checkbox"/> Hispanic/Latino Origin?</p> <p style="margin-left: 20px;"><input type="checkbox"/> Yes</p> <p style="margin-left: 20px;"><input type="checkbox"/> No</p> <p style="margin-left: 20px;"><input type="checkbox"/> Unk</p> <p><input type="checkbox"/> Race(s) Check all that apply</p> <p style="margin-left: 20px;"><input type="checkbox"/> White</p> <p style="margin-left: 20px;"><input type="checkbox"/> Black or African American</p> <p style="margin-left: 20px;"><input type="checkbox"/> Asian</p> <p style="margin-left: 20px;"><input type="checkbox"/> American Indian or Alaskan Native</p> <p style="margin-left: 20px;"><input type="checkbox"/> Native Hawaiian or Pacific Islander</p> <p style="margin-left: 20px;"><input type="checkbox"/> Unk</p>	<p>Age Range</p> <p><input type="checkbox"/> 15-24</p> <p><input type="checkbox"/> 25-34</p> <p><input type="checkbox"/> 35-44</p> <p><input type="checkbox"/> 45-54</p> <p><input type="checkbox"/> 55-64</p> <p><input type="checkbox"/> 65+</p> <p><input type="checkbox"/> SA</p> <p><input type="checkbox"/> HT</p> <p><input type="checkbox"/> Code A</p> <p><input type="checkbox"/> G Code E</p> <p><input type="checkbox"/> G Code O</p>
Sliding Scale Status _____	Pt notified? _____ (staff initials)

Sliding Scale Fee:

CLASS A:	0 - 199 % poverty: free	(Annual income for 1 person = < \$30,120 or less)
CLASS B:	200-299 % poverty: 25% cost	(Annual income for 1 person = \$30,121 - \$45,179)
CLASS C:	300-399 % poverty: 50% cost	(Annual income for 1 person = \$45,180 - \$60,239)
CLASS D:	400-499 % poverty: 75% cost	(Annual income for 1 person = \$60,240 - \$75,289)
FULL COST:	500+ % poverty: 100%	(Annual income for 1 person = \$75,290+)