

HealthPoint

Sliding Scale Discount Application

To see if you qualify for a discount, please fill out this form and **show proof of your household's monthly gross income to the receptionist**. If you have questions, see the information on the back of this form or ask the receptionist for help.

Applicant name: _____ Birth Date: _____

(1) Household Members & Income

List below the people in your household who depend on the same income. Do not list foster children.

Please list the dollar amount of the total monthly income that supports the household members listed below. Include money that is earned (paychecks, profits, interest, savings) as well as income that is not earned (welfare, unemployment, child support, gifts, grants).

| | Name | Birth Date | Relationship | Monthly Gross Income |
|----|-------|------------|--------------|----------------------|
| 1. | _____ | _____ | <i>Self</i> | _____ |
| 2. | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ | _____ |
| 6. | _____ | _____ | _____ | _____ |
| 7. | _____ | _____ | _____ | _____ |
| 8. | _____ | _____ | _____ | _____ |

Total monthly gross household income (earned and unearned): \$ _____

(2) Acknowledgement

“This information is true and correct to the best of my knowledge. I understand that if my household's monthly gross income changes, I must fill out a new application and show proof of the new income amount. I give **HealthPoint** permission to verify information about my financial status. Failure to meet these conditions may disqualify me from future **HealthPoint** fee discounts. I understand that by applying for and receiving a discount does not mean that Dental, Medical, and Pharmacy services are free and that I am responsible for remaining balances.”

Name: _____ Signature: _____ Date: _____

| |
|--|
| <input type="checkbox"/> Patient declined to complete. _____ |
| Verified by: _____ Date: _____ Category: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F |

[PATIENT LABEL HERE]

HEALTHPOINT STAFF ONLY

Scan Date: _____ Initials: _____

Information about Sliding Scale

What is sliding scale?

A sliding scale is the method we use to offer discounts on healthcare based on a patient's household size and income.

What happens if I don't apply?

You will be asked to pay the full charges for the services provided if you choose not to apply.

How can I prove my income?

- a. Payroll check that shows year-to-date income
- b. One month of current pay stubs
- c. Current wage statements (written statement from employer)
- d. One month of current unemployment check stubs
- e. Current bank statement that shows flow of money in/out of account
- f. Current statement from Social Security office
- g. Letter from the individual who supports the patient financially. The letter must state a dollar amount.
- h. First page of current or previous year income tax forms
- i. Previous year W-2 form
- j. For business owners, current or previous year profit/loss statement, line 7, on tax form

What if I don't bring proof of income?

Only your first visit with *HealthPoint* will be eligible for a sliding scale discount without proof of income. All other visits will be billed at full fee.

Does the sliding scale change my insurance co-pay, deductible or co-insurance amount?

No. If your insurance company requires that you pay a certain amount as co-pay, deductible or coinsurance for your services, you must pay that amount.

What if this information changes?

If your income or household size changes, please inform the receptionist. You will be asked to fill out a new application and show proof of the new income.

What if my fees are still too expensive?

Our Client Services Representative can evaluate to see if you qualify for reduced cost healthcare. You may also be able to arrange a payment plan to pay in monthly installments up to 120 days from your service date.