



Today's Date: _____

Patient # _____

Application for Sliding Fee

The Health and Wellness Center offers patients a sliding fee discount on guarantor balances, after all other payer sources (if applicable), and if they qualify for our sliding fee scale. The discount percentage is based on the GROSS income of all members of the household and the number of members in the family. If you wish to apply for this discount we need income verification. **Income must be verified with copies of paycheck within 30 days of visit, current tax returns/W2, social security awards, unemployment awards letters, bank statement of previous month, letter of no income from someone outside the household, letter from employer on company letterhead, letter from college stating the patient is a student with no income.**

Please list ALL family members:

Name	<i>Income (for office use only)</i>

ALL INCOME MUST BE VERIFIED BY PROOF OF INCOME BEFORE THE SLIDING FEE DISCOUNT WILL BE EFFECTIVE!

****Patients applying for the sliding fee program are OBLIGATED to contact The Health and Wellness Center if their INCOME and/or HOUSEHOLD STATUS changes, or if they become eligible for INSURANCE.**

For office use only:

Total # of members in household _____ Total household YEARLY income: _____
 Total household WEEKLY income: _____ SLIDING FEE CATEGORY: _____
 Total household BI-WEEKLY income: _____
 Total MONTHLY income _____ DATE: _____