

Sliding Fee Scale

VPCHC is a Federally Qualified Health Center that receives government funding. Due to this funding, we have the opportunity to offer a discount on your services based on your annual income. If you feel this may be a benefit to you and/or your family, please complete the information below and provide verification of income within 10 days of receipt of this application. Should the required documentation not be received, no discount will be given.

Patient Information:

Name: _____ Date of Birth: _____

Address: _____

Home phone: _____ Work or Cell phone: _____

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Household Information: List all individuals living in the home.

Name	Date of Birth
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____
5) _____	_____

Income Information: Please complete for all adult household members who are employed.

Proof of income (income tax return or last 2 paystubs) must be provided.

Employed person: _____ Company: _____

Income (before taxes) \$ _____ Paid: ☐ Weekly ☐ Every 2 weeks ☐ Monthly ☐ Other

Employed person: _____ Company: _____

Income (before taxes) \$ _____ Paid: ☐ Weekly ☐ Every 2 weeks ☐ Monthly ☐ Other

Other Income:

Alimony \$ _____ Child support \$ _____ Disability \$ _____ Pension \$ _____

Social security \$ _____ S.S.I. \$ _____ Unemployment \$ _____ Other \$ _____

By signing below, I agree to provide VPCHC with proof of income for the purpose of calculating my discount. I understand I will be asked to reapply on an annual basis and agree to inform VPCHC if there are changes to my income, household size or insurance coverage. I understand that certain services and/or items cannot be discounted. I agree to pay my copay at the time of service. I hereby certify that the information provided is correct.

Applicant signature _____ Date _____

For Office Use Only

Account # _____

Effective date _____

Total income \$ _____

Discount _____

Staff initials _____

Required Documentation

The following documentation is needed to complete your sliding fee application. Please provide all documentation which applies to your household.

_____ Pay stubs (most recent 30 days)

_____ W2's or a copy of your most recent tax filing with the IRS

_____ 4506-T form if you have not filed taxes in the last year

_____ Letter from the person you are living with who is providing food and shelter.
The letter must be signed and dated.

_____ Copy of your unemployment statement, social security benefits deposit (or benefit statement) or any other type of direct deposit income.

_____ Proof of residency (any piece of mail received at your current address)

In order to complete your sliding fee application, all documentation should be received within 10 business days. Due date _____

Your prompt attention to this matter will ensure all eligible discounts are received.