



Sliding Fee Discount Program Information

What is a Sliding Fee Discount Program?

The Sliding Fee Discount Program is our way of offering medical services at a lower cost to families who meet certain requirements. Eligibility is based on family size and gross income. Patients pay for services according to where they fall on the scale.

What type of income verification and documents do I need?

All patients must provide at least one proof of income for all family members such as:

- Payroll: Most current payroll check-stubs. Paid weekly equals four (4) check stubs, paid biweekly equals two (2) check stubs, paid monthly equals one (1) or more check stub(s)
- Self-employed: Most recent 1099 form/ income tax returns
- Award letters of SSI, Social Security benefits, disability benefits, unemployment benefits, etc.
- Pension or Retirement checks. If the payment is direct deposit, a copy of the most recent bank statement indicating the transaction.
- Case contribution from others: in-kind support
- Other income including alimony, child support, etc.
- The previous year's tax return

Proof of income must be received within 5 business days signing the Sliding Fee Discount Program Attestation Form. Should proof of income not be received within the time frame you will be charged 100% of the appointment fee plus any additional ancillary charges.

How long is my discount good for?

The length of the Sliding Fee Discount Program is based on the Income Verification Eligibility Period listed on the reverse side of this form.

What services will be covered if I am approved for the Sliding Fee Discount Program?

Services that will be covered include but are not limited to: Office visits for both established and new patients, (Substance use Disorder services), physicals, in house point of care testing, in house procedures, Detox, Residential treatment, Group Counseling, Individual Counseling sessions, Family Group sessions, Psychiatric Evaluations and Intrapartum services as detailed in the sliding Fee Discount Procedure.

What services are NOT covered under the Sliding Fee Discount Program?

Services that are not covered under the Sliding Fee Discount Program include but are not limited to: Diagnostic testing sent out for processing, Durable Medical Equipment (DME), medications prescribed to patients, and Prescription Assistance Programs

<u>Income Verification Document</u>	<u>Eligibility Period</u>
Self-Attestation – forgot proof of income	5 business days
Social Security Office Income Verification Form- No Income	6 months
Social Security Office Income Verification Form- Cash income	6 months
Unemployment benefits	6 months
Payroll checks Stub	Annual
SDI	6 months
1099 form (Self-employed)	Annual
SSI, SSDI, Pension, Retirement Benefits	Annual



Self-Attestation Form Sliding Fee Discount Program

Westminster Rescue Mission offers a sliding fee discount program for patients; the discount is based on family size and income. **Patients must supply proof of income within 5 business days.** Re-verification of income is required based on the Income Verification Eligibility Period, or earlier if your eligibility changes. Documentation of proof of income is subject to audit review for accuracy. The discount will apply to services listed on the Sliding Fee Discount Program Information Sheet. Discounts will only apply to services received after the date on this form. Falsified documentation is subject to penalty.

Patient's Name: _____ **DOB:** _____ **SS#:** _____ - _____ - _____

Family size is defined as a group of two (2) people or more (one of whom is head of the family) related by birth, marriage or adoption and residing together. The household size will be limited to immediate family; spouse, partner, children, and dependents. Dependents must be age 19 or younger.

Circle One: 1 2 3 4 5 6 7 8 9 **Other:** _____

Family Member Name	Social Security Number	Date of Birth

Total Family Income

Source	Self	Spouse	Other	Total
Gross wages, salaries, tips, etc.				
Social security, pension, annuity, veteran's benefits				
Alimony, child support, military family allotments				
Income from business, self-employment, dependents				
Unemployment, worker compensation, strike benefits, etc.				
Rent, interest, dividend, royalty, other income				
*Total Monthly Family Income				

I certify that the information shown above is correct and understand verification is required for approval. I agree to notify the health center if there are any changes in my family income or size. Failure to report any changes may result in dismissal from the Sliding Fee Scale and my account will be adjusted as such. I agree to pay any outstanding balances and understand that payment plans are available to me.

Name (Print)

Signature/Date

Completed By

Expiration Date