



Sliding Fee Discount Program Eligibility Form

Last Name: _____ **First Name:** _____ **M.I.:** _____

Date of Birth: _____ **Telephone Number:** _____

Insurance Status: _____ **No insurance** _____ **Commercial insurance/Medicaid/Medicare**

Documentation must be provided by the patient or guarantor to determine eligibility for the Sliding Fee Scale

Name	Guarantor Relationship	Date of Birth	Income Frequency (*select 1 only) (*Net Income)	Amount	Document Received
	SELF		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi- Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly		
			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi- Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly		
			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi- Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly		
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			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi- Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly		

1. I understand that the information I provide on this form is subject to verification by Fair Hill Community Physicians
2. I understand and agree to adhere to all terms and conditions of the Sliding Fee Discount Program.
3. I hereby attest that this information is true, accurate, and complete to the best of my knowledge, and that I understand that any falsification, omission, or concealment of material fact may subject me to disqualification from the Sliding Fee Discount Program
4. I understand that it is my responsibility to notify Fair Hill Community Physicians of any changes in income or insurance and that my income information is only valid for 1 year.
5. I understand that income documentation must be provided within 30 days of my first visit after January 1st, 2025. If adequate documentation is not provided, I understand I will be removed from the program, and charged the full fee for the visit.

ACCEPTABLE INCOME DOCUMENTATION

Pay stubs
 1040 tax forms
 W2 forms
 Social Security proof of income letter
 Pension Distribution Statement
 Unemployment Benefits letter
 Worker's Compensation letter
 1099 tax forms
 Signed letter from employer (must contain a contact person, phone number, and address)
 All other proof of income documents not listed above will be reviewed by a Fair Hill director
 All proof of income documents is waived for homeless individuals

I decline to enroll myself in the Sliding fee Program currently.

Patient/Guardian Signature

Printed Name

Date

Fair Hill Staff Signature

Printed Name

Date