

Sliding Fee Discount Application

How the Sliding Fee Discount Program Works

Erie is part of national program that lets us discount the cost for our patients' medical, dental and behavioral health visits. To see if you can get a discount, you will need to fill out and sign this form

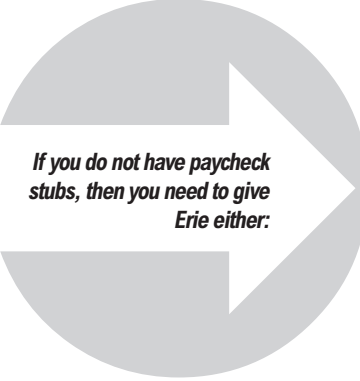
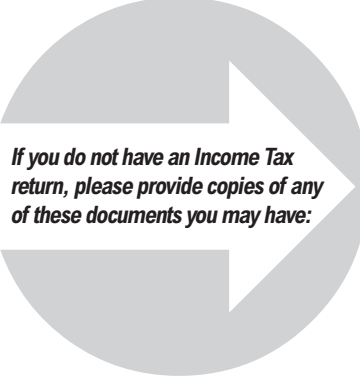
Erie will ask you for:

- The number of family members living with you including, spouse/partner; parents or in-laws; and dependent children
- How much money each family member earns

You may be able to use your discount for Insurance / Medicare deductibles, non-covered services and insurance co-pays. We will tell you which discounts you can get when you check in/out at the front desk and help you complete this application if you need it.

Showing How Much Money You Earn

To be part of the program you need to give us proof of the total income of every family member who lives with you before taxes (also called **gross income**). To figure out your family's total income, you need to submit pay check stubs of all family members living with you and your income tax return or one of the other items described below.*

<p style="text-align: center;">1. Pay check stubs</p>	<ul style="list-style-type: none"> • If paid weekly, the four (4) most current paycheck stubs; • If paid bi-weekly, the two (2) most current paycheck stubs. <p>Paycheck stubs for you and your family members must show the most recent pay periods within the last 30 days</p>	 <p><i>If you do not have paycheck stubs, then you need to give Erie either:</i></p>	<p>Employer letter if you or anyone in your house is getting paid in cash. The employer letter must give your current salary, and the total number of hours your worked. The letter must be on employer letterhead.</p> <p style="text-align: center;">OR</p> <p>Self-Assessment/notarized letter explaining how you support yourself financially if other documents do not fully explain your financial position.</p>
AND			
<p style="text-align: center;">2. Income Tax Return</p>	<p>Most recent Federal Income Tax (one of the following):</p> <ul style="list-style-type: none"> - Form 1040 - Form 1040 EZ - Form 1040 A 	 <p><i>If you do not have an Income Tax return, please provide copies of any of these documents you may have:</i></p>	<ul style="list-style-type: none"> Social Security income Unemployment compensation Business income Dividend income Retirement or pension income Disability income Alimony income Rental & Royalty Interest Income

*To be sent to one of Erie's partner hospitals you also need to show us your newest statement for checking, savings, and credit union accounts

Step 1: Patient Information

Name (Last) _____ (First) _____ (MI) _____

Street Address _____ Apt. #: _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Date of Birth _____ SS# _____

Are you: Single Married/Partner Widow/Widower Divorced Separated

Family size: total number of people living in your house: _____ (dependent children, spouse/partner, parents or in-laws)

Do you have a job right now? YES NO Does your spouse/partner have a job right now? YES NO

Do any of the other family members who live with you have a job right now? YES NO

Are you covered or eligible for any health insurance policy, including foreign coverage, Health Insurance Marketplace, Veterans' benefit, Medicaid and Medicare? YES NO

If yes, please provide the following information:

Policy Holder: _____ Insurer: _____ Policy Number: _____

If you are divorced/separated, is your former spouse/partner financially responsible for medical care? YES NO

Step 2: Household Members & Income (dependent children, spouse/partner, parents or in-laws)

Household Member Name	Relationship to Patient	Birth Date (MM/DD/YYYY)	Social Security Number	Monthly Income (Check-stubs)	Student? (Yes/No)	Seasonal Income
1				\$		\$
2				\$		\$
3				\$		\$
4				\$		\$
5				\$		\$
6				\$		\$
7				\$		\$
8				\$		\$

** Proper proof of income documents must be provided for each household member.

Step 3: Household Income (Only complete if you can't provide Tax Return)

Complete this section **ONLY** if you can't provide or have not submitted your most current Tax Return for the previous year.

Social Security Income	\$ _____	Disability income	\$ _____
Unemployment compensation	\$ _____	Alimony income	\$ _____
Business income	\$ _____	Rental & royalty income	\$ _____
Dividend income	\$ _____	Interest income	\$ _____
Retirement or pension income	\$ _____		

Applicant must provide documents for each type of income above.

Step 4: Assets

Bank Accounts / Investments: Please list the current balance in each of the following. If you do not have any account listed below, please enter "N/A" in the space provided.

Checking account	\$ _____	Savings account	\$ _____
Certificate of Deposit	\$ _____	Stocks/Mutual Funds	\$ _____

Applicant must provide statements for each type of account claimed.

Step 5: Certification

I promise that everything I have written on this form is true and right as far as I know. I understand that Erie Family Health Center may make sure that what I have said on this form is true, and I authorize Erie Family Health Center to contact third parties to make sure that the information is right. I understand that if I said anything in this application that is not true, I will not be able to get financial help, any financial help may be reversed, and I will have to pay back any charges.

Patient/Applicant Name: _____ Date: _____

Patient/Applicant Signature: _____ Date: _____

To be filled out by EFHC staff

Check box if verified and obtained

___ Acceptable identification for each family member listed on SFS application

___ All family members names and dates of birth listed on SFS application

___ Acceptable income verification obtained

_____ Current Federal Tax Return

_____ Last 30 days paycheck stubs

_____ Company letter stating annual earnings

_____ Official letters/documents

Signature of EFHC staff

Date

Printed Name