

# GIRDWOOD HEALTH CLINIC

## Sliding Fee Discount Application

Admin only:			
Application Date		<b>Documentation Due Date</b>	

Girdwood Health Clinic’s Sliding Fee Discount Program (SFDP) is based solely on family size and total family income in relation to the Federal Poverty Guidelines. To be considered for this program you need to complete the following application and submit proof of income. If you do not supply adequate proof of income or you do not qualify based on the proof of income received, you will be responsible for the full charges. **Once you have qualified for the program you will be eligible for 6 months from date of qualification.**

### 1- Applicant Information

Name of Responsible Party: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Do you have any of the following;

- Private Insurance: BCBS, Cigna, Aetna: \_\_\_\_\_ Yes No
- Public Insurance: Medicaid, Medicare, CHIP: \_\_\_\_\_ Yes No

### 2- Household Members

Name (first/last)	Relationship	DOB	Monthly Income	Employer
_____	SELF	X	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

**Does anyone in the household receive additional income?** Yes No

If yes, please list the amount received and identify if amounts are per month or per year:

Veterans Admin:	\$ _____	mo / yr	Permanent Fund Dividend (PFD):	\$ _____	mo / yr	Alimony:	\$ _____	mo / yr
Foster Care:	\$ _____	mo / yr	Work Comp:	\$ _____	mo / yr	Longevity:	\$ _____	mo / yr
AFDC/Welfare:	\$ _____	mo / yr	Retirement:	\$ _____	mo / yr	Other:	\$ _____	mo / yr
Unemployment:	\$ _____	mo / yr	Disability:	\$ _____	mo / yr			
Soc. Security:	\$ _____	mo / yr	Rental Income:	\$ _____	mo / yr			

If you are not working, how do you meet your living expenses?    Savings    Borrowing    Other: \_\_\_\_\_

**Proof of income Documentation is required for this program. Please select the documents you intend to submit.**

Federal Tax Return                  Social Security Income                  Pay Stub x 2                  Other: \_\_\_\_\_

**3- Eligibility process and expectations:**

Initial  
in Box

- Eligibility/Application forms must be signed by the patients
- Proof of income submitted within **five** days, then reviewed and approved by Billing Specialist
- **If proof of income is not received 5 days after submission of application, full charges for appointment will be billed**
- Determination of eligibility for sliding discounts will be done every six months.
- Patients qualifying for a SFDP will be expected to pay an affordable flat fee at the time services are rendered
- **This payment will cover a single provider visit**
- There may be additional charges for ancillary services such as lab, x-rays and medications. See additional services slide.

**\* The Girdwood Health Clinic offers free assistance with Affordable Health Care Enrollment. Would you like to meet with our Certified Application Counselor to determine your eligibility for Medicaid or low cost health Insurance?**                          Yes                  No

**4 – Declaration of Unemployment or Self- Employment**

- I am currently Unemployed                  Yes                  No                  If yes, see Declaration of Unemployment
- I am currently Self- Employed                  Yes                  No                  If yes, see Declaration of Self-Employment

**Declaration of Unemployment**

Period of Unemployment	Employer/ Contact Info	Household Member

**Declaration of Self-Employment**

I/We declare that I am/We are currently self-employed and my/our Income Tax Notice of Assessment does not reflect my current income status.

Current Income	Type of Work	Household Member

**5 – Signature**

I understand that the information I provide will be used to determine my/our ability to pay. The information above is true to the best of my knowledge. I understand that if I lie to get a reduced fee, I am committing fraud.

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Signature

Today's Date

For Office Use Only:

Total Annual Income:

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Documents Provided: