

Income/ Sliding Scale Form



Last Name

First Name

Date of Birth

This form is used to determine if you are eligible for a discount on the fees for your medical services. You must complete this form in order to receive a discount.

You must report all sources of income for the household members listed on this form.

This includes:

- Wages or salary from employment
- Earnings from self employment
- Child Support, Spousal Support, or Alimony
- Any other source of income
- Pension or Retirement income
- Social Security
- Disability payments
- Unemployment payments
- Income Affidavit

We expect evidence of your income in the form of pay stubs, tax returns, or other documents in order to qualify for discounts.

List below all household members living in your household and supported by the household income. Once this form is completed, each household member with a Petaluma Health Center account will be eligible for the discount.

_____ DECLINED (I understand that I'm not eligible for any discounts or programs)

HOUSEHOLD MEMBER FULL NAME	DATE OF BIRTH	TYPE OF INCOME	ANNUAL INCOME <i>(before taxes or deductions)</i>	ENTERED BY
TOTAL HOUSEHOLD SIZE		TOTAL HOUSEHOLD ANNUAL INCOME		

Income/Sliding Scale Form

Petaluma
HealthCenter
The Center of Good Health

If you are reporting no income, you must describe your current means of support and/or living situation: _____

I declare, under penalty of perjury, that the information I have given on this form is true, correct and complete. I understand that the giving of false information may make me ineligible for discounted services.

Applicant Signature: _____ Date: _____

OFFICE USE ONLY

Income Verified* Yes (exp. 365 days) No (<200% FPL- exp 30 days)
 No (>200% FPL - exp. 365 days)

Notified Patient about eligibility screening & application assistance through Certified Enrollment Counselor Yes

This applicant is: Eligible for Sliding Scale Discount: _____
 Not Eligible for Sliding Scale Discount

Termination date: _____

Certified by: _____
Staff Name Date

Routing Instructions: Receptionist - Document eligibility for each family member for each account type within registration. Enter date eligibility begins (the certification date on this sheet) for each eligible account. Scan form into record.

***ROUTE TO CEC** for follow-up assistance.

Sliding Scale Discount Program

Petaluma
HealthCenter
The Center of Good Health

The Petaluma Health Center (PHC) offers a Sliding Scale Discount Program for low-income and/or uninsured patients.

MEDICAL SERVICES

**What are the Sliding Scale Discounts for Medical Services?
(See the attached Sliding Scale Fee Schedule.)**

Nominal Fee: Patient pays \$25.00 for office visit

Level B: Patient pays \$35.00 for office visit **Level C:** Patient pays \$40.00 for office visit

Level D: Patient pays \$50.00 for office visit **Level E:** Patient pays \$60.00 for office visit

- \$5.00 discount if paid at time of service.
- Levels B and above will not pay less than the Nominal Fee.
- Patients above 200% FPL are not eligible for Sliding Scale Discounts.
- We expect payment of the Sliding Scale Discount Fee on the date of service.

DENTAL SERVICES

**What are the Sliding Scale Discounts for Dental Services?
(See the attached Sliding Scale Fee Schedule.)**

Nominal Fee: Patient pays \$65.00 for office visit

Level B: Patient pays 50% of charges for office visit

Level C: Patient pays 60% of charges for office visit

Level D: Patient pays 70% of charges for office visit

Level E: Patient pays 80% of charges for office visit

- \$5.00 discount if paid at time of service.
- Levels B and above will not pay less than the Nominal Fee.
- Patients above 200% FPL are not eligible for Sliding Scale Discounts.
- We expect payment of the Sliding Scale Discount Fee on the date of service.

Sliding Scale Discount Program

CONDITIONS

1. To qualify for the Sliding Scale Discount Program, you must bring your family's proof of income within 30 days.
 - a. Proof of Income: 2-4 pay stubs, tax forms, letter from employer, documents verifying amount of income from other sources (*example: unemployment, SSI, alimony, child support etc.*)
 - b. If you do not have your proof of income at your appointment, you may estimate your family's current gross annual income but bring documentation to the health center within 30 days.
2. If your proof of income is eligible, you will receive a discount for 12 months. Patients must re-apply for the Sliding Scale Discount Program after 12 months.
3. You may be eligible for: Medi-Cal, CMSP, PHP, Covered California or other subsidized health coverage programs. Although it is not a requirement to enroll in our Sliding Scale Discount Program, we can help you make an appointment with a certified enrollment counselor to determine whether you are eligible for these programs.
4. If you fail to bring us your proof of income within the specified date below, you may be charged the cost for your next visit.

5. **What is not covered under Sliding Scale Discount Program for Medical Services?**

At this time , all services, supplies, medications and procedures are included, including acupuncture and chiropractic services.

6. **What is not covered under Sliding Scale Discount Program for Dental Services?**

- a. Medications dispensed or injected (charged at PHC cost)
- b. Outside laboratory fees (charged at PHC cost)
- c. Supplies (charged at PHC cost)
- d. Out of scope services (services that are not required of additional in PHC's federal scope of services).

I need to bring in my Proof of Income by _____ to receive my Sliding Scale Discount status.

Payment plans are available and NO patient is denied services for inability to pay.

You May Also be Eligible for...

HEALTH COVERAGE PROGRAMS, SNAP & CALFRESH FOOD BENEFITS!

Call (707) 559-7500 for more information.

Publicly Subsidized Health Insurance Programs

- Covered California
- Partnership Health Plan
- Medi-Cal Kids & Adults
- CMSP: County Medical Services
- MCAP (program for pregnant women)

Publicly Subsidized Programs for Uninsured Individuals

Every Woman Counts: Cervical cancer & mammogram screening for women

CHDP: Physicals and immunizations for children 0-18

CPSP: Comprehensive peri-natal care

FAMPACT: Birth control, family planning, STD screening, pregnancy testing, PAP test

CALFRESH: Nutrition assistance program (SNAP)

Sliding Scale (for low-income patients)

Patient Assistant Program

PHC Classes & Counseling

- Health Education
- Nutrition
- Diabetes & Pre-Diabetes
- Childbirth/Breastfeeding Classes
- Integrative Medicine (including chronic pain and acupuncture classes)
- Wellness Classes (for patients with chronic disease)
- P.L.A.Y. - Petaluma Loves Active Youth