

# SLIDING FEE SCALE APPLICATION FORM

Today's Date		Name			
Date of Birth		Address			
City			State		ZIP Code
Home Phone			Work Phone		Cell Phone

Applying for health coverage is NOT a prerequisite for Sliding Fee Scale Discount eligibility.

Please list all immediate family members and persons living in your household (spouse or life partner and children that are *under the age of 21 years*) and that are dependent on family income. Please do not include guests, elderly parents or roommates.

Name of Family Members	Sex	Date of Birth	'X' if no health insurance	Has insurance? Type: Medi-Cal (MC), Medicare, Covered California or "Other" (please specify)
1. (Self)				
2. (Spouse)				
3. (Child)				
4. (Child)				
5. (Child)				

What is your gross family income BEFORE deductions (please include all working adults, above age 21)?

Name of Household member receiving income	Estimated Annual income (per person) (Monthly Income x 12)	Sources of Income (employment, Social Security, pension/retirement, workers comp, child support, alimony, etc.)	Proof of Income Date Requested/ Date Verified	CVIH Staff Notes
1. (Self)	\$			
2.	\$			
3.	\$			

**I certify that the income and household composition information is true and correct to the best of my knowledge. I have read the Sliding Fee Scale Discount Application and I will abide by all Sliding Fee Scale Discount requirements.**

Applicant Signature		Date	
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**Please bring your proof of income within 7 days of submitting application.**

## STAFF USE ONLY

CVIH Staff: \_\_\_\_\_ Date: \_\_\_\_\_ S/S Termination Date \_\_\_\_\_  
 Per your estimated monthly income of \$ \_\_\_\_\_ and a family size of \_\_\_\_\_ of your qualify for SS level \_\_\_\_\_ (7 days)  
 Based on your monthly income of \$ \_\_\_\_\_ and a family size of \_\_\_\_\_ you qualify for SS level \_\_\_\_\_ (12 months)  
 For each office visit, patient will pay: \_\_\_\_\_ plus laboratory fees, medications, and supplies at cost.

# SLIDING FEE SCALE DISCOUNT PROGRAM

Central Valley Indian Health (CVIH) offers a Sliding Fee Scale Discount program for low-income and/or uninsured patients. [See the Sliding Fee Scale Discount Program Scale.](#)

## MEDICAL SERVICES

**What are the Sliding Fee Scale Discounts for Medical Services? (See Attached Sliding Fee Discount Program Scale)**

### Nominal Fee:

Level A: Patient pays 0% for office visit

Level B: Patient pays 20% for office visit

Level C: Patient pays 40% for office visit

Level D: Patient pays 60% for office visit

Level E: Patient pays 80% for office visit

Level F: Patient pays 100% for office visit

- Patients above 100% FPL are not eligible for Sliding Fee Scale Discounts.
- We request payment of the Sliding Fee Scale Discount Fee at the date of service.

### What is not covered under Sliding Fee Scale Discount Program?

- Medications dispensed or injected (charged at CVIH cost)
- Vaccines (charged at CVIH cost)
- IUD, Depo Provera (charged at CVIH cost)\*
- Out of Scope Services (Services that are not required or additional in CVIH's federal scope of services)

## DENTAL SERVICES

**What are the Sliding Fee Scale Discounts for Dental Services? (See Attached Sliding Fee Discount Scale)**

Level A: Patient pays 0% for office visit

Level B: Patient pays 20% for office visit

Level C: Patient pays 40% for office visit

Level D: Patient pays 60% for office visit

Level E: Patient pays 80% for office visit

Level F: Patient pays 100% for office visit

- Patients above 100% FPL are not eligible for Sliding Fee Scale Discounts.
- We request payment of the Sliding Fee Scale Discount Fee at the date of service.

### What is not covered under Sliding Fee Scale Discount Program for Dental Services?

- Medications dispensed or injected (charged at CVIH cost)
- Outside laboratory fees (charged at CVIH cost)
- Supplies (charged at CVIH cost)
- Out of Scope Services (Services that are not required or additional in CVIH's federal scope of services)

# SLIDING FEE SCALE DISCOUNT PROGRAM CONDITIONS

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

1. To qualify for the Sliding Fee Scale Discount Program, you must bring your family's proof of income within 7 days.

- a) Proof of Income: 2-4 pay stubs, tax forms, letter from employer, documents verifying amount of income from other sources, ex. 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 7 days.

2. If your proof of income is eligible, you will receive a discount for 12 months. Patients must re-apply for the sliding fee scale program after 12 months.

3. You may be eligible for: Medi-Cal, Covered California or other subsidized health coverage programs. (Although it is not a requirement to enroll in our Sliding Fee Scale Discount Program, we can help you make an appointment with a CVIH Patient Representative 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. No patient is denied care for inability to pay. Billing specialists are available to arrange affordable payment plans.

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

- Medications dispensed or injected (charged at CVIH cost)
- Vaccines (charged at CVIH cost)
- IUD, Depo Provera (charged at CVIH cost)
- Out of Scope Services (Services that are not required or additional in CVIH's federal scope of services)

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

- Medications dispensed or injected (charged at CVIH cost)
- Outside laboratory fees (charged at CVIH cost)
- Supplies (charged at CVIH cost)
- Out of Scope Services (Services that are not required or additional in CVIH's federal scope of services)

**I need to bring in my Proof of Income by \_\_\_\_\_ to receive my Sliding Fee Scale Discount status.**

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