

Application for Sliding Fee

The Health and Wellness Center offers patients without insurance a discount on their medical and dental bills if they qualify for our sliding fee scale. The discount percentage is based on the GROSS income of ALL members of the household and the number of members in the family. If you wish to apply for this discount we need income verification. **Income must be verified with copies of paychecks or a copy of previous year's income tax return(s).**

Please list ALL family members:

Name	Date of Birth	Social Security #	Income

ALL INCOME MUST BE VERIFIED BY PROOF OF INCOME BEFORE THE SLIDING FEE DISCOUNT WILL BE EFFECTIVE!

****Patients applying for the sliding fee program are OBLIGATED to contact The Health & Wellness Center if their INCOME and/or HOUSEHOLD STATUS changes, or if they become eligible for INSURANCE.**

Office Use Only:

Total # of members in household: _____

Total household WEEKLY income: _____

Total household BI-WEEKLY income: _____

Total MONTHLY income: _____

Total household YEARLY income: _____

SLIDING FEE CATEGORY: _____

DATE: ____/____/____