gracepoint
THE SOURCE FOR WELLNESS

SLIDING FEE APPLICATION

The Sliding Fee Scale is a method for providing reduced fees, based on a household's size and income. In order to be eligible for this program, the following application must be completed, signed & dated with **proof of income (see listing for acceptable forms of income)** and approved.

Head of household: Last_____ First_____ Phone _____

Mailing address: _____ City_____ State_____ Zip_____

Have you or any of your household members applied for Medicaid (Title XIX)? Yes □ No □

SOURCES OF INCOME: All members living in the household. "Household" is considered all persons living with you at the same address. **If your living situation is temporary, please advise the financial screener.**

Source	Amount ($)	Weekly	Bi-Weekly	Monthly	Annually	Annual Income
Salaries and Wages (self)		□	□	□	□	
Salaries and Wages (spouse)		□	□	□	□	
Salaries and Wages (other)		□	□	□	□	
Unemployment Compensation		□	□	□	□	
Social Security (Self/Spouse)		□	□	□	□	
Social Security (Children)		□	□	□	□	
SSDI (Social Security Disability Income)		□	□	□	□	
Alimony		□	□	□	□	
Military / Veterans Benefits		□	□	□	□	
Unemployment Benefits		□	□	□	□	
Rental/Investment Income		□	□	□	□	
Capital Gains Income		□	□	□	□	
Other Family Members		□	□	□	□	

HOUSEHOLD SIZE: List all household members by NAME, DATE OF BIRTH, AND SS#, include yourself:

NAME	DATE of BIRTH	RELATIONSHIP	SOCIAL SECURITY #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PLEASE READ THE FOLLOWING CAREFULLY

I declare that my household's financial status is as listed above. I understand the following:

- Gracepoint is utilizing federal tax dollars to assist me in receiving health care
- Giving false information regarding my household income is considered fraud against the U.S. government
- Any change in my finances or the number of people in my household must be reported to Gracepoint and a new application must be completed

Applicant's Signature _____Date _____

Check and sign only if applicable: □ I have been informed of and understand the possible financial benefits of participating in the sliding fee scale process; however at this time I do not wish to participate.

Patient Signature _____Date _____

Patient Name: _____ ID #: _____

You are required to provide proof of listed income in order to complete your application. The following are acceptable forms of income:

- Current Federal Income Tax (1040, 1040A or1040 EZ Form)
- Paystubs for recent month
- Current bank statement showing direct deposit or most recent check stubs totally one month payment (SS, SSI, SSD, Retirement accounts and/or payments, Alimony, etc.)
- Printout from office issuing payments (SS, SSDI, unemployment, VA, etc.)
- Employer statement for cash wages (must include employer name, address and phone number)
- Award letter

Office Use Only:

Attesting patient declined to sign application: Staff Signature: _____ Date: _____

Guarantor #: _____

Application Received/Entered: Date: _____ By: _____

Household Size: _____ _____

Calculated Income Total: $_____

Sliding Fee Scale Level Approved: Nominal A B C D Full Fee

Patient Notified of SFS Application Status:

□ At office/in person □ Reached patient by phone □ Attempted by phone/didn't reach patient

Date: _____

90 Day Waiver Eligibility:

Does the patient report one or more of the following: □ Yes □ No

- Homeless
- Recent loss of income
- Resides in Public Housing
- Filed for Bankruptcy
- Other income issue reported: _____

Patient is required to bring in written proof of homelessness, income loss, public housing, bankruptcy, etc.

Staff with the Billing Manager and/or Executive Director for approval after receiving written proof.
Set the Financial Investigation income at $0 (unless other amount is reported).

Examples of written proof:

Homeless (Letter on letterhead from a local shelter or community provider attesting homelessness)
Recent loss of income (Letter on employer letterhead or Unemployment Letter of Determination)
Resides in Public Housing (Housing Lease or recent utility statement in person's name)
Filed for Bankruptcy (County Court Filing form)

Revised: 8/27/2020

Patient Name: _____ ID #: _____