Sierra Vista Community Health Center

Sliding Fee Scale Application

It is the policy of Sierra Vista Hospital to provide essential services regardless of the patient's ability to pay. We offer discounts based on family size and annual income.

Please complete the following information and return to the Financial Counselor to determine if you or anyone in your family are eligible for a discount. If approved, the discount will apply to all services received at Sierra Vista Community Health Center, but not those services performed outside of the clinic, including labs, radiology, and other such services. You must complete this form every 12 months or if your financial situation changes.

Name of Head of Household:_____

Address:_____ City: _____

State: _____ Zip: _____ Phone: _____

Please list yourself, spouse, and all dependents under age 18.

Name	Date of Birth

Please list all sources of income.

Source	Self	Spouse	Other	Total
Gross wages, salaries, tips, etc.				
Income from business, self-employment, and dependents				
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pensions, or retirements				
Interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household				
Any miscellaneous sources				
Total Income				

Copies of tax returns, pay stubs, or other information verifying income may be required before a discount is approved.

I certify that the family size and income information shown above is correct.

_____ _____

Signature Date Name (Print)

Office Use Only

Patient Name: _____ Patient ID #: _____

Approved SFS Co-Pay amount: _____ Effective Dates: _____

Approved by: _____ Date Approved: _____

Verification Check List	Yes	No
Identification/Address: Driver's license, utility bill, employment ID, or another form		
Income: Prior year tax return, three most recent pay stubs, or other		
Insurance: Insurance cards, Healthxnet verification		