



### Sliding Fee Discount Application

You may be able to get a sliding fee discount on most services, even if you have insurance. The sliding fee discount is based on your household income.

We need proof of your income before we can see if you can get a discount. Please see the back for types of proof. This form is only good for one year.

Please select one of the below statements:

I **DO** wish to apply for a sliding fee discount.

I have been given the opportunity to apply for a discount and **DECLINE** to provide my information.

Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_

Do you have insurance? YES  NO

Please list household members: use the back of sheet for additional family members.

Name:	Date of Birth:
Name:	Date of Birth:
Name:	Date of Birth:
Name:	Date of Birth:
Name:	Date of Birth:

Please **circle** your TOTAL HOUSEHOLD INCOME and FAMILY SIZE below. This total includes all sources of income from all family members., including gross (pre-tax) wages, child support income, alimony income, rental income, unemployment compensation, social security benefits, public/government assistance, pensions and/or IRA distribution or other retirement income.

Family Size	Income		Income		Income		Income		Income	
	min.	max.	min.	max.	min.	max.	min.	max.	min.	max.
1	\$0	\$15,060	\$15,061	\$18,825	\$18,826	\$22,590	\$22,591	\$26,355	\$26,356	\$30,120
2	\$0	\$20,440	\$20,441	\$25,550	\$25,551	\$30,660	\$30,661	\$35,770	\$35,771	\$40,880
3	\$0	\$25,820	\$25,821	\$32,275	\$32,276	\$38,730	\$38,731	\$45,185	\$45,186	\$51,640
4	\$0	\$31,200	\$31,201	\$39,000	\$39,001	\$46,800	\$46,801	\$54,600	\$54,601	\$62,400
5	\$0	\$36,580	\$36,581	\$45,725	\$45,726	\$54,870	\$54,871	\$64,015	\$64,016	\$73,160
6	\$0	\$41,960	\$41,961	\$52,450	\$52,451	\$62,940	\$62,941	\$73,430	\$73,431	\$83,920
7	\$0	\$47,340	\$47,341	\$59,175	\$59,176	\$71,010	\$71,011	\$82,845	\$82,846	\$94,680
8	\$0	\$52,720	\$52,721	\$65,900	\$65,901	\$79,080	\$79,081	\$92,260	\$92,261	\$105,440
<b>For each additional person, add:</b>										
		<b>\$5,380</b>		<b>\$6,725</b>		<b>\$8,070</b>		<b>\$9,415</b>		<b>\$10,760</b>

Giving proof of SNAP or TANF will get you at least a 20% discount. You may get a bigger discount based on your income and household size. You will need to give us proof of your household income.

Do you receive SNAP or TANF benefits? YES  NO

To my knowledge all given proof and information is true.

Patient Signature \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_



## Sliding Fee Discount Application Required Documents

### **You will need to provide one of the following documents for income verification:**

If you filed a tax return for last year, we are required to have a signed copy on file with W-2 forms attached.

If you don't have a copy of your last year's taxes, you can request one by calling the IRS at: 1-800-829-1040 or online at: [www.irs.gov/Individuals/Get-Transcript](http://www.irs.gov/Individuals/Get-Transcript).

If you are NOT required to file a tax return, please give us **two** of these documents as proof of income:

- Three bank statements showing direct deposit of income
- Social Security Benefit Statement. You can request a copy by calling 1-800-772-1213
- Pay stubs from your job from the last four weeks
- Unemployment statement
- SNAP or TANF statement

Those self-employed will need to give proof of the last three months of income and expenses for their business.

You will have **TWO WEEKS** from this forms date to give us the listed documents. If you don't give us the documents within the two weeks, we cannot give you a discount. You will be charged for all services and will need to pay costs out of pocket.

*Mail or Email to:*

**East Hill Medical Center**  
**144 Genesee Street, Auburn, NY 13021**  
**Attention: Billing and Finance**  
**[ehbilling@easthillmedical.com](mailto:ehbilling@easthillmedical.com)**