



Peninsula Community Health Services

APPLICATION FOR SLIDING DISCOUNT SCHEDULE

To see if you qualify for a discount, please fill out this form and show proof of your household's monthly gross income. If you have questions, please see the information on the back of this form or just ask us for help.

Applicant Name: _____

Birth Date: _____

Household Members & Income

List below the people in your household who depend on the same income. Do not list foster children or payments for foster children.

Please list the dollar amount of the total monthly income that supports the household members listed below. Include all money that is earned (paychecks, profits, interest) as well as income that is not earned (unemployment, child support, retirement, grants).

	NAME	Birth Date	Relationship to YOU	Monthly Gross Income	Check Box If Zero Income
1.	_____	_____	<i>self</i>	_____	<input type="checkbox"/>
2.	_____	_____	_____	_____	<input type="checkbox"/>
3.	_____	_____	_____	_____	<input type="checkbox"/>
4.	_____	_____	_____	_____	<input type="checkbox"/>
5.	_____	_____	_____	_____	<input type="checkbox"/>
6.	_____	_____	_____	_____	<input type="checkbox"/>
7.	_____	_____	_____	_____	<input type="checkbox"/>
8.	_____	_____	_____	_____	<input type="checkbox"/>

Total monthly gross household income (earned and unearned) : \$ _____

Acknowledgement

To the best of my knowledge, information above is true and correct. I understand that income verification documents must be provided within 30 days of the date of the visit to qualify for the sliding discount schedule. **If this information is not received within 30 days, I will be billed for the full fee of the office visit.** I understand it is my responsibility to inform PCHS of any changes in my income. I also understand I must re-apply for a sliding discount schedule at least once every 12 months, or sooner if my household income changes. Qualifying income types and supporting documents are listed on page 2 of this application.

Statement of Zero Income: I have checked the box to indicate Zero Income at this time. I am stating that I have no source of income, that I am legally and financially responsible for myself, that I am not a dependent/cannot be claimed as a dependent on an individual's federal income tax return, and that, if married, my spouse also has no source of income.

I understand that I do not qualify for the sliding discount schedule for medications until I bring in my verification of income documents.

Patient/Guardian Signature

Print Name

Date

OFFICE USE ONLY. DO NOT WRITE BELOW THIS LINE.

- Patient declined to complete.
- Patient referred to PCHS Navigator.

Total annual gross household income: \$ _____

Received By: _____

Verified By: _____

Slide Level: A B C D E F

Information About Sliding Discount Schedule

What is sliding discount schedule?

A sliding discount schedule is the method we use to offer discounts on healthcare based on a patient's household size and income.

What happens if I don't apply?

Uninsured patients will be asked to pay full charges for the services provided if you choose not to apply. We will gladly bill your insurance if provided at the time of service.

What counts as household income?

- Money, wages, and salaries before deductions;
- Net receipts from nonfarm self-employment;
- Net receipts from farm self-employment;
- Regular payments from social security, railroad retirement, unemployment compensation, strike benefits from union funds, worker's
- Alimony, child support, and military family allotments or other regular support from an absent family member or someone not living in the household;
- Private pensions, government employee pensions (including military retirement pay) and regular insurance or annuity payments;
- College or university scholarships, grants, and fellowships; and dividends, interest, net rental income, net royalties, periodic receipts from estates or trusts;
- Net gambling or lottery winnings, and
- Any other source of earned income.

What does not count towards household income?

- Capital gains;
- Any assets drawn down as withdrawals from a bank, the sale of property, a house, or a car;
- Tax refunds, gifts, loans, lump-sum inheritances, one-time insurance payments, or compensation for injury.
- Non-cash benefits such as employer-paid or union-paid portion of health insurance or other employee fringe benefits,
- Food or housing received in lieu of wages,
- The value of food and such Federal non-cash benefit programs as Medicare, Medicaid, food stamps, school lunches, and housing assistance.
- Money received for foster children.

How can I prove my income?

Documents that are acceptable for verification of income include the following:

- Current payroll wage stubs (dated within 30 days of the application);
- Child support payment documents;
- Documentation of self-employment income;
- Current Federal Income Tax Return (for Self-Employed Individuals only);
- Any other third party documents verifying types of income listed above.

What if I don't bring proof of income?

Patients without current, complete, approved sliding discount schedule applications on file will be charged at Level F. You will have 30 days to provide proof of income, or be billed for the services in full. When your application is complete, you will be assigned to the appropriate discount level for future services and to services received no more than 30 days earlier.

What if this information changes?

Verification of income must be done on no less than an annual basis, or sooner if there has been a change of household income.

What if my fees are still too expensive?

Our Certified Navigators can assist you in applying for health coverage through the Washington Healthplanfinder. Our Billing Department can also assist you in creating a monthly payment plan.