



SLIDING FEE APPLICATION FORM & ACKNOWLEDGEMENT

It is the policy of Central Florida Healthcare Inc. to provide essential services regardless of the inability to pay. Discounts are offered depending upon household income and size. The discount will apply to all services received at our facility, but will not cover those services which are purchased from outside. For example, reference laboratory testing, medications, and x-ray interpretation by a consulting radiologist. A **"Family"** is one or more persons living in one dwelling place that are related by blood, marriage, or law. Adults and minor children are considered a family. **Relatives over 18 (that are not full- time students) are not eligible to be used as dependents for this application process.** Please complete the following information below to determine if you or your family members are eligible for our sliding scale program. In the hope that your economic health improves, discounts apply only to current annual assessment, not future services. This form must be completed annually.

Please list Household members below:

NAME	DATE OF BIRTH	RELATIONSHIP	AGE
1.		SELF	
2.		SPOUSE/PARTNER	
3.			
4.			
5.			
6.			

Number of related persons living in your household: _____

Household Income	Household Income (complete one Column) (Household Income must include self, spouse, dependents over 18 and any other household members over the age of 18)		
	Annual	Monthly	Bi-Weekly
Self			
Spouse			
Dependent over 18			
Dependent over 18			
Dependent over 18			
Total			

Note: Include income from all sources for adults listed above. Sources of include , but are not limited to: gross wages, tips, social security, disability, pensions, annuities, veterans' payments, net business or self-employment, alimony, child support, military, unemployment public aid and any other sources of income.

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

Signature of Applicant

Date of application

Patient Name

Acct #

Last Revised: 5/15/17
Published Date: 7/19/17



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As a Federally Qualified Community Health Center we are required by law to obtain proof of income for our records. A financial assessment is required to determine what discount you and your family may qualify for base on your household income (i.e., income tax return, paycheck stub, letter from State unemployment office etc. Social Security, copy of a disability income pay check, or a notarized statement from Current/past employer(s) certifying your income earned or a notarized Self-Attestation if you do not receive any of the above documents) If you do not have the necessary information available, please be prepared to pay full charges at the time of service. You have thirty (30) days to provide all the requires information.

Name of Guarantor:	Name of Patient:	DOB:
Address	Home Phone:	Cell Phone:

Discounted Fee Classification	Minimum Fee Charged	Income Criteria
Slide A* 0%	\$ 25.00	< 100% FPG**
Slide B* 25%	Minimum charge of \$50.00	101-133% FPG**
Slide C* 50%	Minimum charge of \$75.00	134-166% FPG**
Slide D* 75%	Minimum charge of \$100	167-199% FPG**
Slide E* 100%	Minimum charge of \$125	200% and above
Labs only \$7.00 each	Labs and Immunization \$32.00	Labs and X-rays \$27.00
Immunizations(adults only) \$25.00	X-ray \$ 20.00	Labs, X-ray & Immunization \$52.00

We will make every effort to bill your insurance company directly, however any balance that is due for any services provided to you remains your responsibility until payment in full has been received.

I hereby acknowledge that the sliding fee schedule has been explained to me including the fees and terms of payments.

Qualified for Sliding Scale: _____ Effective _____ to _____

☐ I accept ☐ I do not accept

Signature of Guarantor: _____

Date: _____

CFHC Approved By: _____

Date: _____

EEOC Policy Statement

Central Florida Health Care Inc. is an Equal Opportunity Employer. CFHC Inc. does not provide preferential treatment to any one patient. CFHC Inc. provides preventative and primary medical services to eligible patients regardless of their "ABILITY TO PAY". Every patient has the right to seek services at CFHC Inc. free from all forms of discrimination. All patients will be treated without regard to age, sex, color, religion, race, national origin, citizenship, veteran status, current or future military or familial status, sexual orientation, gender identification, marital and status, physical or mental disability, legal source of income or any other status protected by laws.

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