

LONG VALLEY HEALTH CENTER

SLIDING FEE DISCOUNT APPLICATION

In order to receive the sliding scale discount for office visits, you must document **all household** income. **Documentation** may be a paycheck stub, income tax form, bank statements, or a letter from an employer. **You must provide documentation of income within 7 days.** **Forms of income include** earnings from jobs, unemployment, disability welfare, social security, interest income, gifts, and income from property. Please report any changes to income at you next visit. You have the opportunity to and may be asked to do a Medi-Cal eligibility screen.

Please list family members living in the same household, including any dependents that you claim on your tax return.

FAMILY MEMBERS	AGE	\$ INCOME	SS#	<i>OFFICE USE ONLY</i>	
				ACCT#	CHART #
1. _____					
2. _____					
3. _____					
4. _____					

TOTAL INCOME \$ _____

MONTHLY YEARLY

RE-CERTIFICATION DATE

I hereby certify under Penalty of Perjury, that all of the information provided on this application is true and accurate, to the best of my knowledge. I understand that supplying false information on this form is a fraudulent act, under the laws of the State of California, which could result in civil or criminal penalties including fines and/or imprisonment.

I am aware I must re-certify on the date above.

Initial

Date

Signature of Person Applying for Family

Date

OFFICE USE ONLY

Staff Signature

Date

NOTES:

Med-Cal SS	YES/NO	If 65 yrs or older or PT has SSI & is under 65, check for Medicare eligibility.		
For Acupuncture	YES/NO			
Documentation	YES/NO	Medicare eligible? Yes___ No ___		
Reason for Denial:		Reason: _____		
MEDI-CAL SCREEN DONE	YES/NO			
Referral to Pt. Advocate	YES/NO			
Date of referral ___/___/___ Reason: _____				
ELIGIBLE FOR:	\$25 Discount	\$35 Discount	\$45 Discount	\$55 Discount