



SLIDING FEE SCALE

To Apply for the Sliding Fee Scale (SFS)

- Fill out and SIGN the Patient Information and Update yearly
- Bring in Proof of ENTIRE household income
(See list below for acceptable forms of Income Verification)

Please note ~ Your Sliding Fee Scale Benefits will not be in effect until you complete the above requirements.

The following are acceptable forms of Income Verification:

- ✓ Tax forms from the most recent year for proper calculation
- ✓ If you are self-employed, tax forms from Current year with all schedules C,F,etc..
- ✓ Paycheck Stubs for one month, (paid monthly one stub; paid every other week three current stubs; paid 1st and 16th of month two current stubs)
Preferably with year to date income provided
- ✓ Social Security, Unemployment, or Disability Checks for one month or Fixed income statement
- ✓ Office of Public Assistance benefit printout
(Food stamp benefit history)
- ✓ Letter on agency letterhead verifying financial status
(example: Housing Authority)
- ✓ Signed Personal letter verifying financial status, Housing situation, and how you cover expenses
- ✓ If you have no taxable income, please fill a "Income Verification Form" provided and how you support yourself