

SLIDING FEE PROGRAM

Requirements & Required Documentation Checklist

As you gather the required documentation, place a checkmark in the box to keep track of what you have and what you still need to acquire.

All patients are required to pay deductibles, copays, coinsurance, and any previous outstanding balances **before being seen**. If you are unable to pay, **please call before your visit to set up payment arrangements.**

Please provide proof of <u>all household income</u> (adults and children) with your application before it is returned to us. Without the income proof, your application will not be processed. It will be sent back to you resulting in approval delay. Also, include your <u>full</u> legal name, date of birth, and SSN.

Ways to Provide Proof of Income

If any	one in	your household	draws Soci	al Security	y, SSI	check(s)	, or a	I VA c	check,	you	must	includ	e one	(1)	of the
follow	ing wit	h your applicati	on.	•		, ,									

	If direct deposit , provide a copy of your most recent bank statement showing US TREASURY and the amount deposited. (If your bank statement is not included, your application will not be processed.)
	If Social Security, include the award letter you received showing what you will receive each month for
	the upcoming year. (The 1099 you receive for your income taxes does not qualify as income proof.)
	If you draw a pension check, include one (1) recent stub for proof of the amount.
	If you receive unemployment benefits, provide a copy of your award letter.
lf emp	loyed and are paid
	weekly, include four (4) recent check stubs.
	bi-weekly , include two (2) recent check stubs.
	monthly, include one (1) recent check stub.
lf emp	loyed, but do not have check stubs or are paid in cash
	have your employer/payroll department fill out the Verification of Earnings Form at the bottom of the last page of the application.
lf self-e	employed and were self-employed last year, include the following from your previous year's tax return
	page 1
_	page 2
	schedule C (Profit/Loss page)
lf none	e of the above applies to you and someone is helping you with bills and expenses
	have them fill out the Support Form as your proof of income.
Be sure	<u>eto</u>
	sign the application at the left bottom corner of the first page.

If you have any questions, call our Sliding Fee department at 662-651-4637 opt 4.