

**MINNIE HAMILTON HEALTH SYSTEM
SLIDING FEE ADJUSTMENTS WORKSHEET**

SLIDING FEE POLICY

The Sliding Fee scale is for all those patients who meet the income guidelines. Proof of gross income is required within 30 days for all those living in the household.

VERIFICATION OF GROSS INCOME MUST BE PROVIDED TO PROCESS APPLICATION

APPLICANT INFORMATION:

DATE: _____

Name: _____
Address: _____

Phone: _____
Birthday: _____
County: _____

MEDICAL OR DENTAL COVERAGE: No: _____ Yes: _____ (If yes, What Kind?)

Health Insurance: _____ WV Medicaid _____ Medicare _____ Dental Insurance _____

FAMILY INFORMATION & INCOME:

LIST **ALL** PERSONS LIVING IN HOUSEHOLD. List **ALL GROSS INCOME** Received by EACH person in Household.

NAME	Type of Medical Coverage	Relationship (Self)	Birth Date	Amount of Money Received	Source Number

Source of Income (List Number on Line Above) _____ ↑

- | | | |
|--------------------|------------------------|--------------|
| 1. Wages | 4. Disability | 7. Alimony |
| 2. Unemployment | 5. Pensions/Retirement | 8. AFDC/TANF |
| 3. Social Security | 6. Child Support | 9. Other |

I request Minnie Hamilton Health System make a determination of my eligibility for discounted services. I understand the information I submit concerning my annual gross income and family size is subject to verification and that I will supply all requested documentation. I affirm all information submitted is true and correct to the best of my knowledge and understand that if information I submit is determined to be false, it will result in denial of discounted services and that I will be liable for charges for services provided.

Applicant's Signature X _____

Date _____

Clinic Calculation for Sliding Fee

Verification Code

(Clinic Use Only)

Total Family Income: _____ (Mth/Yr)

- A. Applicable Poverty Level: _____
- B. Annual Family Income as Percent Poverty Level (A/B/C/D) _____
- C. Applicable Fee Reduction _____

- 1. 1040 _____
- 2. W-2 _____
- 3. Wage Statements _____
- 4. Benefit Letters _____
- 5. Other _____

REVIEWED BY: _____

APPROVED BY: _____

Exp: ____/____/____

Card Sent: ____/____/____

YOU MAY QUALIFY!!!!!!

MINNIE HAMILTON HEALTH SYSTEM HAS A PROGRAM WHICH OFFERS REDUCED RATES. THE SLIDING FEE PROGRAM IS BASED UPON YOUR GROSS INCOME AND NUMBER OF MEMBERS IN YOUR FAMILY PER FEDERAL INCOME GUIDELINES. APPLICATIONS ARE TO BE RENEWED ONCE A YEAR.

SLIDING FEE CATEGORIES: (A) \$15 MEDICAL \$25 DENTAL, (B) 25% EACH, (C) 50% EACH, AND (D) 60% EACH

TO APPLY YOU MUST:

- FILL OUT A ONE PAGE APPLICATION/OTHER FORMS WHICH MAY APPLY
- BRING IN PROOF OF GROSS INCOME FOR ALL THOSE IN THE HOUSEHOLD.
 - **PROOF OF INCOME ACCEPTED:** W-2 TAX FORMS, CHECK STUBS, UNEMPLOYMENT STATEMENTS, SOCIAL SECURITY CHECKS, SNAP BENEFITS, CHILD SUPPORT OR OTHER BENEFIT STATEMENTS.

SERVICES COVERED BY SLIDING FEE:

Medical services include:

- Clinic / behavioral health visits
- School Based Health – medical services
- School Based Health – behavioral health services
- laboratory services
- diagnostic radiology series (technical component only)
- respiratory procedures, Pulse Ox., EKG (Tech.& Prof.), Aerosol Treatments, Pulmonary Function Testing (PFT) and associated PFT testing.
- Cardiac & Pulmonary Rehab.

Dental services include:

Main Facility (excludes School Based Health sites)

Most emergency diagnostic, preventative, and basic restorative services. Including: examinations, restorations and extractions, x-rays, posterior composites, periodontal therapy, and resin / stainless steel crowns.

- Does not apply to fixed / removable prosthodontic services (porcelain crowns, bridge services), cosmetic procedures (including composite veneers, Invisalign, or vital bleaching, etc.)

School Based Health sites

- Sliding fees will apply to clinical visits, oral examinations, periodic dental cleaning procedures, bitewing x-rays, fluoride treatments, and basic restorative services.

IF YOU HAVE A QUESTION OR NEED MORE INFORMATION ABOUT SLIDING FEE, PLEASE FEEL FREE TO CALL OUR OFFICE.

MONDAY-FRIDAY 8 AM – 4:30 PM @ 304-354-9244

ALL INFORMATION IS CONFIDENTIAL

WE MAY ALSO BE ABLE TO PROVIDE ASSISTANCE TO THOSE WHO NEED HELP WITH EXISTING MINNIE HAMILTON CLINIC & LABORATORY BILLS.

APPLICATION FORM ON BACK OF PAGE