

SLIDING FEE DISCOUNT APPLICATION

It is the policy of Access Carroll to provide essential health services regardless of the patient's ability to pay at the time of service. We offer a Sliding Fee Discount to patients who have household incomes at or below 200% of the Federal Poverty Level, with the sliding fee discount fee based on household size and household income. The discount level will apply to all services received at this facility by Access Carroll, but not those services or equipment purchased from outside entities, including reference laboratory testing, medications, radiology services, and specialty care services. Please completely fill out both sides of this application, sign the form and return with proof of eligibility documents.

Please note that the information provided on this application is valid for up to one year.

Patients are responsible for completing a new application annually, prior to the expiration of their current application.

Applicant Full Name Printed: _____

Applicant Date of Birth: _____ Patient Identification Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone Number: _____ Email: _____

Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed

Please list all household members and applicable incomes, as defined on
Access Carroll FORM: Proof of Eligibility Documents List & How to Report Your Household Size & Income.

Full Names of Household Members	Relationship to Applicant	Birthdate	Yearly Income
	SELF		
Total Household Size: _____		Total Household Income: _____	

Insurance Coverage: ☐ Uninsured ☐ Medicaid ☐ Medicare ☐ Other: _____

(You will not have to pay both the insurance co-pay and the sliding fee scale. You will pay whichever amount is less.)

BE SURE TO COMPLETE BOTH SIDES OF THE FORM

Proof of Income (POI) is required from everyone in the household who is 18 or older AND is the patient's dependent. Only your first visit will receive a discount based on verbal claims or partial information. All following appointments will be charged the 100% FULL FEE rate until discount eligibility is verified with proof of income documents (see **Proof of Eligibility Documents List**).

The Access Carroll Staff Member has explained to me my financial responsibility. I understand I must provide necessary documentation to continue to receive discounted services at Access Carroll.

_____ By initialing I confirm that my household proof of income was provided to Access Carroll today

OR

_____ By initialing I confirm that my household proof of income is not required because I have Medicaid coverage

OR

_____ By initialing I confirm that no household proof of income was provided to Access Carroll today. My TEMPORARY Good Faith Estimate (GFE) is only good for my initial visit. Future appointments will be charged 100% FULL FEE until my proof of income documents are provided.

I certify that the information provided on this application is true and complete and may be checked for accuracy. I understand that willful falsification and/or omission of information contained in this application will result in denial of financial assistance.

I understand that the Sliding Fee Discount level determination will be applied to all members of the household for all service lines at Access Carroll until the expiration of my current Good Faith Estimate (GFE).

I understand that I am responsible for completing a new application annually, prior to the expiration of my current application, as noted on my Good Faith Estimate (GFE).

Signature of Applicant: _____ Date: _____

DO NOT WRITE BELOW - THIS SECTION COMPLETED BY STAFF

☐ Patient instructed to bring in any required POI/eligibility documents at next appointment or 100% full fee will be charged until received. Notes: _____

☐ Proof of Income (POI) Documents Received Eligibility Documents Verified: ☐ Yes ☐ No

Received by Staff Name: _____ Initial Application Date: _____

NOTE: Upon receipt, POI verification and GFE level determination will be noted on GFE level form. A copy of the GFE form will be given to the applicant and uploaded into their EHR and will serve as their Sliding Discount Level for a period not to exceed 12 months.