

# **CHARLES COLE MEDICAL GROUP**

## ***SLIDING FEE DISCOUNT APPLICATION***

This practice is part of the Charles Cole Memorial Hospital's system of healthcare delivery sites. Charles Cole Memorial Hospital is committed to ensuring access to the healthcare services needed by all those we serve. No one will be denied care at any of our health centers because of inability to pay. The sliding fee discount program provides a discount for you if you qualify. It is based upon your household size and total gross income. **Your information is treated with the utmost confidentiality.**

The discount applies to the health center services for those who are without health insurance and whose income falls within the program guidelines. This is only for true self pay patients, not for patient balance after insurance. Please inquire at the reception desk if you have any questions about the discounts you can receive. Or you may ask any health center employee for an application and assistance in completing the form.

If you are required to file a federal income tax 1040 form, please submit a completed and signed application with a copy of your most recent federal income tax 1040 form. Additionally, you may also submit your most recent pay stubs if your income has changed since your last filed 1040 form. Examples would be if you have changed jobs, are no longer working, or were laid-off from your job. Please also submit proof of any non-taxable income such as Social Security, Veterans or Disability benefits.

If you are not required to file a federal income tax 1040 form, proof of income such as copies of checks from Social Security, public assistance, rental income or signed statements with child support information can be accepted. You must also notify us of changes in your income throughout the year. Your application will be reviewed on an annual basis after you submit your most recent federal income tax 1040 form.

**THE APPLICATION AND ANY INCOME INFORMATION  
IS STRICTLY CONFIDENTIAL**



\* ATTACH A COPY OF LAST YEAR'S FEDERAL 1040 TAX FORM. YOU MAY SUBMIT W2'S AND PAY STUBS IF YOUR INCOME HAS CHANGED SINCE YOUR LAST RETURN. (example: if you changed jobs, were laid-off or are no longer working.)

Are you or any member of your household self-employed? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please specify type of business and income after expenses AND attach a copy of last year's 1040 Tax Return :

Business Name: \_\_\_\_\_ Business Address: \_\_\_\_\_

Annual Income: \_\_\_\_\_

PLEASE LIST OTHER SOURCES OF INCOME, IF ANY:

SOURCE	YES	NO	AMOUNT	PER WEEK , MONTH OR YEAR
Unemployment Compensation				
Social Security				
Disability Benefits				
Worker's Compensation				
Veterans Benefits				
Alimony				
Child Support				
Pension				
Interest				
Dividends				
Rental Income				
Estate/Trusts				
Other:				

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND ALL SOURCES OF INCOME REQUIRED HAVE BEEN REPORTED. I FURTHER UNDERSTAND THAT I NEED TO REPORT ANY INCOME CHANGES AS IT OCCURS AND WILL BE REQUIRED TO UPDATE MY APPLICATION ONCE PER YEAR EVEN IF NO CHANGES OCCUR.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 Witness: \_\_\_\_\_ Date: \_\_\_\_\_