

# MISSOULA URBAN INDIAN HEALTH CENTER

## SLIDING FEE SCALE DISCOUNT APPLICATION



Name \_\_\_\_\_ DOB \_\_\_\_\_ HRN \_\_\_\_\_

I want to apply for Sliding Fee Scale: YES \_\_\_\_\_ NO, I decline \_\_\_\_\_

**HOUSEHOLD INFORMATION:** Please fill in the fields below for each member of your household.

Last Name, First Name, Middle Initial	Relationship	Birth Date	SSN	Insurance Y/N
	SELF			

In order to apply for our *Sliding Fee Scale Discount* you must provide the following proof of Financial Status before your first appointment. The discounts are available only to those who qualify.

- Required proof of your status includes:
  - **Tax Returns (1040)**, previous year; **W-2'S NOT ACCEPTED.** – Expires May 1<sup>st</sup>
  - **Self-employment:** You must submit your “**Schedule C**” in *addition* to your tax forms
  - **Other Forms :**
    - Paystubs or Unemployment stubs, for current month—Expires *Annually*
    - Fixed income statements (Pension, Social Security, Disability Income or bank statement showing Government deposits)—Expires *Annually*
    - Signed personal letter verifying financial status (housing situation and how you cover expenses) *Only good for 3 months, only allowed one time.*
    - Student Income Information (omit Student Loans) - Expires *Annually*
- **The Sliding Fee Scale must be RENEWED annually, or quarterly based on proof of income provided.**

FINANCIAL STATUS:		
Household Income	Amount	Frequency (Monthly, Weekly, Etc.)
Wages (Gross)		
Self-Employment		
Unemployment		
Worker's Compensation		
Retirement/Pension		
Social Security		
Disability		
Food Stamps		
Child Support		
Alimony or Maintenance		
Other ( Please indicate)		

**MUIHC Sliding Fee Scale Discount is calculated as follows:**

- **Slide A = 100%:** *The slide can pay up to 100%, after minimum fee is paid. (Native status clients are Exempt from minimum fee.)*
- **Slide B = 75%:** *The slide pays 75% after nominal fee is paid, you pay 25%, as long as visit is covered by Sliding Fee Scale.*
- **Slide C = 50%:** *The slide pays 50% after nominal fee is paid, you pay 50%, as long as visit is covered by Sliding Fee Scale.*
- **Slide D = 25%:** *The slide pays 25% after nominal fee is paid, you pay 75%, as long as visit is covered by Sliding Fee Scale.*
- **Slide E = 0%:** *The slide pays 0%. Client responsibility is 100%; Slide 'E' not eligible for Sliding Fee Scale Discount.*

**Minimum Fee** (required at each visit):

- ❖ **Medical:** Nominal fee of \$20
- ❖ **Behavioral Health:** Nominal fee of \$15  
Evaluations \$90

**Please initial that  
you understand  
Sliding Fee Scale  
Fees and Charges.**

\_\_\_\_\_

- *I understand the minimum fee is due at time of service according to the guidelines set forth in the Sliding Fee Scale.*
- *I understand that I need to present proof of my income before the Sliding Fee Scale will be applied to my account and every 12 months thereafter.*
- *I understand that any changes in my household income must be reported and updated within 10-days of the change. If I obtain health benefits, I must also provide the necessary coverage documentation.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

**For Office Use Only:**

Native Exempt Status (verified); MUIHC Staff Initials: \_\_\_\_\_

Total Household Income (Gross): \_\_\_\_\_  Monthly  Annual Family Size: \_\_\_\_\_

Sliding Scale:    A        B        C        D        E

MUIHC Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

