

VERIFICATION OF NO INCOME Sliding Fee Discount Program



For Staff Use Only: (Please initial next to each item. Please do not provide to patient if all criteria are not met.)

- _____ Patient has no other form of insurance
- _____ Patient does not have verifiable proof of income
- _____ Patient cannot submit 4056-T form due to lack of SSN or TIN

I, _____, have applied for discounted services under Christ Community Health Services' (CCHS) Sliding Fee Discount Program. CCHS requires verification of all income.

I have stated during this verification process that neither I, nor anyone in my household, has any verifiable income at this time.

I applied for (list any financial assistance) _____
on _____ (date).

I agree to inform Christ Community Health Services, if my financial situation changes significantly or if I receive verifiable income.

I also understand that falsifying information or documentation on the application will result in my application being denied and any applicable discounts received under false pretenses will be revoked and I will be responsible for all charges.

I understand that I will pay a discounted fee until I bring in proper income verification for everyone in my household.

I understand that this application, and any discount that I may qualify for, will apply only to the patient listed on this application.

Any/all additional patients would need to apply separately.

I agree to assist CCHS in any way I am asked to check any information on this application, and let them get needed information from employers, government agencies, medical providers, and other sources.

I am aware that CCHS is regulated by policies and regulations established by the federal government, and it is considered unlawful to misrepresent or falsely claim inaccurate information on this application. I understand that my income must be verified and completed with the CCHS center Office Manager every 12 months.

Signature: _____ Date: _____
Applicant

Witness: _____ Date: _____
Site Manager

Office Manager Notes:
