

Income Verification

Patients must provide information and acceptable documentation regarding household size and income to determine eligibility for the Sliding Fee Discount Program. Patients that decline to provide the necessary information will be deemed ineligible for a discount.

- Income - includes all earned, unearned, and self-employment income of your reported household.
 - Earned Income- Employment income that is earned (including overtime and bonuses).
 - Earned income from a working minor (under the age of 22) is exempt.
 - Unearned Income- Income earned from sources other than employment.
 - Paid child support and alimony are not counted as part of unearned income.
 - Self-Employment Income- Income gained from working for oneself.
 - Acceptable documentation for income includes:
 - Check stubs;
 - Employer statement (a letter on official letterhead from the applicant 's employer);
 - Self- employed individuals must present a record of earnings which can include:
 - Bank statements
 - Tax returns
 - Letter from a public financial person (for example a CPA or bookkeeper).
 - **If you don't have any of these items, please talk to one of our billing specialists.**
- Household Size – The individuals listed below that reside with and receive at least 50% financial support from the applicant may be counted as part of the household. They must be listed on the application to be considered in the calculation of the Sliding Fee Discount Program.
 - Children, step-children and foster children up to 22 years old and attending schooling or professional training. (if employed their income is exempt);
 - Spouse, common law, civil union partners;
 - Children of any age with disabilities living with the applicant;
 - Dependents between the ages of 23 and 64 are **not eligible** to be counted as part of the household since they may apply individually to qualify for the sliding fee discount program;
 - Adults 65 years of age or older;
 - **NOTE:** Adults aged 65 or older may be rated individually on a separate application, however, if they elect to do that, they may not be listed on this application as well.

I represent that my household income is \$_____ per _____ (MONTH / YEAR) and that my household is comprised of the following people:

Member Name	DOB / Age	Relation to Applicant	Income
Primary Applicant			\$
Spouse			\$
Child / Dependent			\$
Child / Dependent			\$
Child / Dependent			\$
Child / Dependent			\$

I attest that the information presented above is correct and truthful to the best of my knowledge. I understand that the information listed above may be verified by the Billing Specialist at any time. If I am eligible for a discount, the discount provided is valid for one year and will need to be updated annually.

Signature _____

Date _____

Revised: New Patient Packet (Feb 2020)

☐ CHM ☐ Marketing ☐ Veterans Connections