

**Sliding Fee Scale Application
Children's Health Of Carolina, PA**

Sliding Fee Discount Information

It is the policy of Children's Health of Carolina PA (Children's Health) to provide essential services regardless of the patient's ability to pay. Children's Health offers discounts based on family size and annual income.

Please complete the following information and return to the front desk to determine if you or members of your family are eligible for a discount. The discount will apply to all services received at this clinic, but not those services or equipment purchased from outside, including reference laboratory testing, drugs, x-ray interpretation by a consulting radiologist, and other such services. You must complete this form every 12 months or if your financial situation changes.

| | | | | |
|----------------------|--------------|---------------|-------------|---------------|
| Patient Name: | | | | |
| Street: | City: | State: | Zip: | Phone: |

Please list all household members, including those under age 18.

| | Name | Date of Birth |
|-----------------|------|---------------|
| Patent/Guardian | | |
| Child: | | |
| Child: | | |
| Child: | | |
| Child: | | |
| Child: | | |
| Other: _____ | | |

| Source | Self | Other | Total |
|--|------|-------|-------|
| Gross wages, salaries, tips, etc. | | | |
| Income from business and self-employment | | | |
| Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, veterans' payments, survivor benefits, pension or retirement income | | | |
| Interest; dividends; royalties; income from rental properties, estates, and trusts; alimony; child support; assistance from outside the household; and other miscellaneous sources | | | |
| Total Income | | | |
| | | | |

I certify that the family size and income information shown above is correct.

Patient/(Parent/Guardian) Name: _____ Date: _____
Signature: _____

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Patient Name: _____ Approved for all patients in same household? Yes _____ No _____

Approved Discount Level: _____ Approved by: _____ Date Approved: _____

| Verification Checklist | Yes | No |
|--|-----|----|
| Identification/Address: Driver's license, utility bill, employment ID, or other | | |
| Income: Prior year tax return, three most recent pay stubs, or other. Self-declaration of income may also be used. | | |