

EASTERN SHORE RURAL HEALTH SYSTEM, INC
SLIDING FEE APPLICATION

Proof of income is required to process this application.
Please attach copies of 2 check stubs or W-2 forms for
EACH household income.

Name: _____ Account #: _____

Street: _____ Date of Birth: _____

City/State: _____ Zip: _____

Telephone #: _____ SS#: _____

Number of persons supported by this income: _____

Dependent Family Members:	Date of Birth:
_____	_____
_____	_____
_____	_____
_____	_____

Do you have ___ Medicaid, ___ Medicare, or any other type of insurance?
Name of other insurance: _____

Employer: _____ Work #: _____
Pay cycle ___ Weekly ___ 2 Wks ___ 2 Monthly ___ Monthly ___ Other
Spouse Employer: _____ Work #: _____
Pay cycle ___ Weekly ___ 2 Wks ___ 2 Monthly ___ Monthly ___ Other

INCOME:

Social Sec: _____	SSI: _____
ADC: _____	General Rel: _____
Child Support: _____	Disability: _____
Pension/Retire: _____	Wages: _____
Scholarship/Grant: _____	Military Allotment: _____
Unemployment: _____	NET Business Inc.: _____
Alimony: _____	Rental Income: _____
Interest: _____	Dividends: _____

I certify that the above information is true. The only income I have is correctly stated above. If any changes occur I will immediately notify the billing office.

Signature: _____ Date: _____

Total Annual Income _____ SF Type _____
Interviewer: _____ Date: _____

Please sign this form and return it to us.

Eastern Shore Rural Health offers a sliding fee or discount program. Below is a brief summary explaining our program. Please read the following information. If you have questions or do not understand, please feel free to ask us.

- Your income and family size determine your discount.
- Medical Visits - You will have to pay \$13.00, \$20.00 or \$26.00 per visit depending on your income.
- Dental Visits - Dental visits will be 30%, 40% or 50% of total charges. You must pay a minimum of \$30.00, \$45.00 or \$60.00 per visit depending on your income.
- There is an additional charge for medical x-rays or lab services.
- Medical supplies are not covered by the sliding fee.
- Sliding fee may be approved for up to one year at a time.
- If your income or family size change, please contact our office.
- You will be issued a card. **You must** bring it with you each time you visit our center.
- Your card is valid at Atlantic, Bayview, Chincoteague, Franktown or Onley Community Health Center.
- One month before your sliding fee expires; **you will need** to contact our office to update your application.
- You must** bring 2 pay stubs or your most recent income tax return as proof of income to renew your sliding fee application.

YOU MUST PAY YOUR COPAY AT THE TIME OF YOUR VISIT.

Name _____ Date _____

05/07