APPLICATION FOR SLIDING FEE ELIGIBILITY FORM

To comply with federal regulations, in order to give you a discount on our services, it is necessary for us to ask some personal questions. Your answers will be kept on file and in strict confidence. You must verify your income at least every year to determine your eligibility for our sliding scale we must obtain the following information:

First Name		Middle Name		Last Name		
Addr	ess					
City		St	ate	Zip		
	Name	Birth Date	Relationship to YOU	Monthly Gross Income	Income Verification Documentation	
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
Total Income		\$				
Tota	l Family Size					

Are you employed? ☐ Yes ☐ No

Family Size: "Family" is defined as all individuals living in a client's household who are supported by the same income.

- If the client is an adult, "family" includes the client's spouse or domestic partner, all minors under the age of 18, and all adult children living with the client if disabled or if enrolled in school.
- If the client is minor, "family" also includes the parents, grandparents, or legal guardian if living with the child.

Please list the dollar amount of the total monthly income that supports the household members listed below. Include all money that is earned (paychecks, profits, interest) as well as income that is not earned (unemployment, child support, retirement, grants).

Income Verification Documentation:	
Date last worked:	
One of the following: Three (3) months' worth paystubs	□ Yes □ No
Letter from employer on company letterhead stating wages	□ Yes □ No
Unemployment check stubs	□ Yes □ No
Acknowledgement	
To the best of my knowledge, information above is true and converification documents must be provided within 30 days of the for the sliding discount schedule. If this information is not rebilled for the full fee of the office visit. I understand it is my any changes in my income. I also understand I must re-apply at least once every 12 months, or sooner if my household incompass and supporting documents are listed on page 2 of this are	e date of the initial visit to quality eceived within 30 days, I will be responsibility to inform KMHS of for a sliding discount schedule ome changes. Qualifying income application.
Statement of Zero Income: If I have checked the box to indice that I have no source of income, that I am legally and financial I am not a dependent/cannot be claimed as a dependent on tax return and that, if married, my spouse also has no source	ially responsible for myself, that an individual's Federal income
I understand that I do not qualify for the sliding discoununtil I bring in my verification of income documents.	t schedule for medications
antin'i Simig in my vormoution or moome documente.	
	Date
	Date
Client/Guardian Signature	
Client/Guardian Signature Print Name To be filled out by KMHS Billing	
Client/Guardian Signature Print Name	
Client/Guardian Signature Print Name To be filled out by KMHS Billing Interviewed by: Print Name Adjustment of	Team Date
Client/Guardian Signature Print Name To be filled out by KMHS Billing Interviewed by: Print Name	Team Date
Client/Guardian Signature Print Name To be filled out by KMHS Billing Interviewed by: Print Name Adjustment of fee approved by: Print Name	Date Date
Client/Guardian Signature Print Name To be filled out by KMHS Billing Interviewed by: Print Name Adjustment of fee approved by: Print Name Sliding Scale Given:	Date Date
Client/Guardian Signature To be filled out by KMHS Billing Interviewed by: Print Name Adjustment of fee approved by: Print Name Sliding Scale Given: Sliding Scale Effective Date: Sliding Scale Siding Scale Scale States Sliding Scale Scale States Sliding Scale States Sliding Scale Scale States Sliding Scale Scale States Sliding Scale States Sliding Scale States	Date Date Date Date
Client/Guardian Signature Print Name To be filled out by KMHS Billing Interviewed by: Print Name Adjustment of fee approved by: Print Name Sliding Scale Given: Sliding Scale Effective Date: Sliding Scale Programs: Adult C&F Access SUD OP	Date Date Date SUD IOP □ Other:
Client/Guardian Signature To be filled out by KMHS Billing Interviewed by: Print Name Adjustment of fee approved by: Print Name Sliding Scale Given: Sliding Scale Effective Date: Sliding Scale Siding Scale Scale States Sliding Scale Scale States Sliding Scale States Sliding Scale Scale States Sliding Scale Scale States Sliding Scale States Sliding Scale States	Date Date Date SUD IOP □ Other:

INFORMATION ABOUT SLIDING SCALE

What is sliding discount schedule?

A sliding discount schedule is the method we use to offer discounts on healthcare based on a patient's household size and income.

What happens if I don't apply?

Uninsured patients will be asked to pay full charges for the services provided if you choose not to apply. We will gladly bill your insurance if provided at the time of service.

What counts as household income?

- Money, wages, and salaries before deductions;
- Net receipts from nonfarm self-employment;
- Net receipts from farm self-employment;
- Regular payments from social security, railroad retirement, unemployment compensation, strike benefits from union funds, worker's
- Alimony, child support, and military family allotments or other regular support from an absent family member or someone not living in the household;
- Private pensions, government employee pensions (including military retirement pay) and regular insurance or annuity payments;
- College or university scholarships, grants, and fellowships; and dividends, interest, net rental income, net royalties, periodic receipts from estates or trusts;
- · Net gambling or lottery winnings, and
- Any other source of earned income.

What does not count towards household income?

- Capital gains;
- Any assets drawn down as withdrawals from a bank, the sale of property, a house, or a car;
- Tax refunds, gifts, loans, lump-sum inheritances, one-time insurance payments, or compensation for injury.
- Non-cash benefits such as employer-paid or union-paid portion of health insurance or other employee fringe benefits,
- Food or housing received in lieu of wages.
- The value of food and such Federal non-cash benefit programs as Medicare, Medicaid, food stamps, school lunches, and housing assistance.
- Money received for foster children.

How can I prove my income?

Documents that are acceptable for verification of income include the following:

- Current payroll wage stubs (dated within 30 days of the application);
- Child support payment documents;
- Documentation of self-employment income;
- Current Federal Income Tax Return (for Self-Employed Individuals only);
- Any other third party documents verifying types of income listed above.

What if I don't bring proof of income?

You will have 30 days to provide proof of income, or be billed for the services in full. When your application is complete, you will be assigned to the appropriate discount level for future services and to services received no more than 30 days earlier.

What if you owe deductibles/copayments?

You will have to pay any applicable deductibles/copayments before the sliding scale to become into effect.

What if this information changes?

Verification of income must be done on no less than an annual basis, or sooner if there has been a change of household income.

What if my fees are still too expensive?

Our Certified Navigators can assist you in applying for health coverage through the Washington Health plan finder. Our Billing Department can also assist you in creating a monthly payment plan.