SLIDING FEE DISCOUNT PROGRAM

East Jordan Family Health Center
601 Bridge Street, East Jordan, Michigan 49727
Bellaire Family Health Center
4955 S M-88 Highway, Bellaire, Michigan 49615
Central Lake Family Health Center
7960 W. Old State Road, P.O. Box 276
Central Lake, Michigan 49622

We believe that everyone has a right to quality, affordable health care and have developed a Sliding Fee Discount Program to ensure that access to medical care is available to all who use our facilities, regardless of their financial situation and ability to pay.

What is it? The Sliding Fee Discount Program provides reduced fees for the following services:

- On-site office visits
- On-site Procedures
- On-site X-ray Services
- Assistance with prescription costs at our East Jordan & Bellaire on-site Pharmacies

Who is it for? All patients and families who are established with Health Center providers and who qualify based on income and family size.

How do I Apply?

1. Complete the application on page 2.
2. Provide evidence of your present income for **all** family members. Examples of income include:

    - Last 3 current consecutive paycheck stubs
    - Child support **ordered**
    - Social Security Award Letter
    - Land contract payments received
    - Monthly pension statement
    - Unemployment benefit determination statement
    - Worker's Compensation checks
    - Last year's Federal tax return - W-2's **not** accepted

3. Mail or return to the address shown on the back of this application.

Please contact the Health Center at 231-536-2206 ext 117 (EJ) or 231-533-8649 ext 630 (Bellaire) if you have any questions concerning the cost of your medical care or would like assistance completing this application.

Office Use Only:

Name:_____ Family Size:_____Copay:_____

Eligible: _____to_____Staff:_____

Responsible Party:_____Phone:_____

Mailing Address_____
Street City State Zip

Income:_____ yearly monthly weekly *(circle one)*

1) **List below all family members**, including responsible party**. The definition of "family**" is all persons related by blood, marriage, or adoption who reside together (Dept of Health and Human Services.) Unrelated individuals, even in the same house, may be considered separate families.

Last Name	First Name	Relationship	Birthdate

2) Family Income is the total annual cash receipts before taxes from all sources including salaries, public assistance, unemployment, retirement payments, Social Security, child support, etc,: but excluding gifts, receipts from sale of property, or non-cash benefits such as Medicaid, food stamps, public housing, etc. (Dept. of Health and Human Services). **Income from children over the age of 19** and still living at home must be included in total family income.

3) If you are a single parent household and you are claiming your children on this application, you must give proof of child support. If for any reason you do not receive child support for your children, please indicate under the special consideration section below.

4) Special Considerations: List any circumstances (financial or other) which you feel would affect your application:

_____

_____

5) If you have children under 19 years old who do not have health insurance, there are insurance programs that are of little or no cost available.
Would you like more information? □ Yes □ No

6) Before sending, remember to:
- Sign and date your application
- Enclose proof of income/weekly or bi-weekly *(at least 3 paycheck stubs)*
- Include all eligible family members and birthdates

I hereby certify that all the above information is true and accurate to the best of my knowledge. I understand the information will be kept confidential and used only for fee adjustment purposes. **I also understand that I must pay my copay on the day of service to be eligible for Sliding Fee Benefits.**

_____ _____
Signature Date