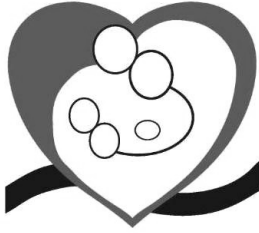


SLIDING FEE DISCOUNT PROGRAM

Page 1 of 2



East Jordan Family Health Center
601 Bridge Street, East Jordan, Michigan 49727

Bellaire Family Health Center
4955 S M-88 Highway, Bellaire, Michigan 49615



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 Medical Visits
- On-site Procedures
- On-site Integrated Behavioral Health Visits
- On-site 3D Mammography & X-ray Services
- Assistance with prescription costs at our Bellaire & East Jordan on-site Pharmacies
- Laboratory Services (through arrangement with LabCorp)
- Optometric Exams (through arrangement with Dr. Voci)

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:
 - Three **most recent** and **consecutive** pay stubs
 - Child support **ordered**
 - Most recent Social Security Award Letter (Received each year in December and available online)
 - Land contract payments received
 - Monthly pension statement or most recent y1099
 - Unemployment benefit determination statement
 - Worker's Compensation checks
 - Most recent 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 125** (East Jordan) or **(231) 533-8649 Ext 617** (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: _____
UDS: _____ PC: _____ MC/GC _____
Gross Income: _____ Yearly Monthly Weekly (circle one)

Responsible Party: _____ Phone: _____

Mailing Address: _____
Street City State Zip

- 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**
✓ **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