Sliding Fee Scale Discount Application

How the Sliding Fee Scale Discount Program Works

Erie is part of a national program that lets us discount the cost of our patients' medical, dental and behavioral health visits. To see if you can get a discount, you will need to provide information and complete this form.

Erie will ask you for:
- How much money each family member earns
- The number of family members living with you including: spouse/partner, children, and individuals you are legally responsible for and claim on your taxes

Proof of Identity	
• State ID	• School ID
• Driver's License	• Similar ID from Country of Origin
• Passport	

Family Size	
• Spouse/Partner	• Other Dependents claimed and show on the tax return
• Children	
• Students up to 26 years of age	

You may be able to use your discount for Insurance / Medicare deductibles, non-covered services and insurance co-pays. We will tell you which discounts you can get when you check in at the front desk to complete the application if you need it.

Showing How Much Money You Earn

To be part of the program you need to give us proof of the total income for every family member who lives with you before taxes (also called **gross income**). To figure out your family's total income, you need to submit proof of income for all family members living with you.*

Proof of Income

One of the following:

- 1 months' worth of paycheck stubs
- Federal Tax Return (1040)
- W2s (until tax filing time)
- Unemployment Letter

AND

If you receive the following:

Rental Income, Alimony Income, Social security or disability income, or Retirement/pension income

If you do not have paycheck stubs, then you need to provide one of the following letters:

Employer Letter if you or anyone in your house is getting paid in cash. The Employer Letter must give your current salary and total number of hours worked. The letter must be on employer letterhead.

OR

Self-Attestation explaining how you support yourself financially if other documents do not fully explain your financial position.

*To go to one of Erie's partner hospitals you may also need to provide the hospital additional documentation. Referrals services at hospital partners may have a cost for services if income is above 200% of the *Federal Poverty Level*.

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Patient Name: _____ **Patient ID#** _____

Please complete the following:

Do you have a job right now? ☐ Yes ☐ No Does your spouse/partner have a job right now? ☐ Yes ☐ No

Do any of the other family members who live with you have a job right now? ☐ Yes ☐ No

Household Members & Income** (other dependents claimed on taxes, children, spouse/partner)

Household Member Name	Relationship to Patient	Birth Date (MM/DD/YYYY)	Monthly Income (Check-Stubs)	Student? (Yes/No)	Seasonal Income
1			$		$
2			$		$
3			$		$
4			$		$
5			$		$
6			$		$
7			$		$
8			$		$

** Proper proof of income documents must be provided for each household member.

Certification

I promise that everything I have written on this form is accurate and truthful as far as I know. I understand that Erie Family Health Centers may make sure that what I have said on this form is true, and I authorize Erie Family Health Centers to contact third parties to make sure that the information is right. I agree to update my information as it changes or every year and consent to periodic chart audit by EFHC/Volunteers and their partners. I understand that if I said anything in this application that is not true, I will not be able to get financial help, any financial help may be reversed, and I will have to pay back any charges. Referrals services at hospital partners may have a cost for services if income is above 200% of the Federal Poverty Level.

Patient/Applicant Name: _____

Patient/Applicant Signature: _____ Date: _____

_____ _____ _____

Signature of EFHC staff *Date* *Printed Name*