Sliding Fee Scale Application

North Country Health Consortium, Inc.
Working together to improve the health of North Country residents.

SLIDING FEE SCALE PROGRAM

North Country Health Consortium has a Sliding Fee Scale program that you may be eligible for. This discount is based on your income and family size. If you wish to apply, please complete this section. **Please note that your application can only be processed after proof of income documents, for all adults in the household, are received.** Examples of proof of income documents include: current pay stubs, most recent income tax forms or explanations of benefits.

Applicant's Name _____

Name of Employer /Income Source

_____

Weekly Paycheck Before Taxes/Deductions

_____

Other Income (child support, alimony, etc) _____

Total Income _____

Insurance: Plan Name _____

Group #: _____

Social Security #: _____

Date of Birth: _____

Number of People in Your Household

How many are adults over 18? _____

How many are children? _____

Is anyone in your household pregnant? _____

CERTIFICATION

I certify that the financial information given is true to the best of my knowledge. I understand that if I give false information, I am liable for fraud. We reserve the right to further check your income.

Address _____

_____

Patient Signature _____

Telephone:

Home # _____

Cell # _____

Work # _____

Staff Use Only

Eligibility (circle one) 25% 35% 55%

_____ _____

Date NCHC Staff Signature