Sliding Fee Scale
Self-Declaration of Income

Completion of this form is necessary in order to apply for Family Medical Centers' Sliding Fee Scale Discount program for today's visit when proof of income document/verification is not available. Any patients declaring no job and/or no income will be required to sign this self-declaration form, and will be placed in Category A status for 90 days. **Patients who have self-declared will need to verify at each visit that they continue to be unemployed or have no income, and must re-sign the self-declaration form**. If the patient does not have the information, they can be seen for 7 days as a Category A patient, but will be required to pay full charges if not certified within the grace period. If the patient does not meet these requirements they are subject to being rescheduled. Self-declared patients must provide information about resources available to them for shelter, food, clothing, and other living needs.

My current total household income is: $
☐Weekly ☐Bi-Weekly ☐Monthly _____

My current total number of household members is: _____

Resources available for:

Shelter: _____

Food: _____

Clothing: _____

Other Living Needs: _____

I have read the above information and understand the qualifications and documents necessary to apply for the sliding fee scale.

I further understand that if I do not provide the necessary information within 90 days, I will be required to pay 100% of charges for all future services receive at Family Medical Centers.

Patient Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Note: Patients that choose not to provide information required by Family Medical Centers to determine family size and income, even after being informed that they may qualify for discounts, are viewed as declining eligibility for sliding fee scale discounts. Family Medical Centers will consider these patients to be ineligible for such discounts.