



# Sliding Fee Scale Application (SFS)

This application is for the SFS for you/your family. You will only need to do this application and income verification once a year for your entire family provided you complete the process.

**PLEASE LIST ALL OF THE PEOPLE THAT WERE INCLUDED ON YOUR FEDERAL TAX RETURN:**

1. You will need to provide proof of identity for *ALL* members listed below
2. For any member 19 and over you will need to provide proof of income/no income
3. List the patient on the first line

Name	Relationship	Social Security #	Date of Birth	Windrose Patient	Income	Insurance
1.				Y N	Y N	Y N
2.				Y N	Y N	Y N
3.				Y N	Y N	Y N
4.				Y N	Y N	Y N
5.				Y N	Y N	Y N
6.				Y N	Y N	Y N
7.				Y N	Y N	Y N

Is anyone listed on this application pregnant?     Yes     No

Has anyone listed on this application applied for Medicaid or Insurance in the past 30 days?  
Yes\_\_\_\_\_ No\_\_\_\_\_

You will have 30 days to provide all of the required information/documentation. If you do not provide *ALL* of the information/documents, the Sliding Fee Scale Application will be *DENIED*. This means that the applicant and all household members will pay in full, until the required information/documents are received and a new Sliding Fee Scale application is completed.

I certify the information shown above is accurate and true. I understand that if I have provided false information, my account will default to the full amount due for services rendered. I also understand that this application is good for 12 months, after which time, I will be asked to update my information.

Guarantor Signature\_\_\_\_\_

Date\_\_\_\_\_

FOR OFFICE USE ONLY      Employee Initials\_\_\_\_\_

Application date	_____	Level A until expiration date_____
Docs still needed	_____	
Docs provided	_____	



# INCOME VERIFICATION

Name	Social Security #
Date of Birth	

Enter the proof of household income/no income for all family members 19 years of age and over who are listed on the application

Applicant Name	Gross Wages, Salaries, Tips, etc.	Social Security, Pensions, & Annuities	Military Family Allotments	Income from business – Self Employment-Taxes	Interest, Dividends, Rental Income	Other Income	How often	TOTAL
1.								
2.								
3.								
4.								
5.								
6.								
7.								

Average Household Income	How Often?
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<b>Discount approved</b>	<b>Level A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>
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Application Expiration Date:
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Income verified by:

\_\_\_\_\_ WHN Employee

\_\_\_\_\_ Date