

Sliding Fee Scale Application

- New
- Renewal

Here is the requirement list to help complete your Sliding Fee Scale application. Please bring all current information to your appointment.

- Proof of Family Size: *Birth Certificates for everyone in your household even though they are not applying.***
Examples:
 - Birth Certificates (for everyone)
 - Written Self Attestation (if no official documents available)**Optional:**
 - Passports
 - Permanent Resident Card
 - Driver License
 - Tribal ID
 - Written Self Attestation
 - Picture ID issued by local, state, or foreign government
- Proof of Income: For EVERYONE in your household for the last 30 days.** All earned and unearned income your household receives from any source. Weekly pay – 4 paystubs/Biweekly pay – 2 paystubs/Monthly – 1 monthly stub. Examples:
 - Award letters (*Social Security income*)
 - Rental Income
 - Income Tax Documents
 - Unemployment
 - Child Support/Alimony
 - Social Security
 - Railroad Retirement
 - Retirement and Pensions
 - Work Study Programs
 - Self-employment pay must include days worked in the last 30 days and frequency
 - Calendar
 - Written self-attestation
 - Self-attestation of no income
 - Gifts
 - Letter of financial support
- Other Medical/Dental Insurance (Optional)** (*for everyone in the household who has other insurance*)
Insurance cards for any other medical/dental insurance (including AHCCCS cards)

Please call: 480-882-4545 for questions, to reschedule, or to cancel

Please arrive 15 minutes prior to your appointment and pre-fill the first page of the application

****any family member/child over the age of 18 will need to apply separately***



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Venado Valley Health Center	Desert Mission Health Center	Heuser Family Medicine	Palomino Health Center	Midtown Health Center	Copperwood Health Center
20440 N. 27 th Ave Phoenix, AZ 85027	9201 N. 5 th St. Phoenix, AZ 85020	7301 E. 2nd St. # 210 Scottsdale, AZ 85251	16251 N. Cave Creek Rd Phoenix, AZ 85032	4131 N. 24th St, #B102 Phoenix, AZ 85016	11851 N. 51st Ave, #B110 Glendale, AZ 85304

Application Date:	Marital Status:
Applicant:	MRN:
Address/State/Zip:	
Home/Cell Phone #:	Work Phone #:
Message Phone #:	Last AHCCCS Application?

Please list ALL members of your immediate family:

Last Name	First Name	Date of Birth	Gender	Race	Relationship	AHCCCS (Yes/No)	Applying for Slide Fee? (Yes/No)
					(Self)		



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Household Income:

Name of Household member:	Person /Company/Source:	Frequency:	Gross Amount: \$
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I understand and acknowledge that I am responsible for any cost associated with medical treatment outside of NOAH, including but not limited to: medications, specialty services (lab, radiology, cardiology, respiratory) and referrals to other physicians. If I wish not to provide supporting documentation for family size and income, NOAH may not find me eligible for sliding fee scale program (SFS). I understand that if my household income exceeds 200% of Federal Poverty Level, I or those applying are not eligible for SFS.

I agree to pay the co-payment I qualified for at the time of service. I understand that I am responsible for renewing on an annual basis.

I acknowledge that I gave true and correct answers regarding my family size and income.

Applicant Signature

Date

Community Resource Specialist

Date



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For Office Use Only

Effective Date: _____

Expiration date: _____

FPL: _____

Total number of members in Household: _____ Total Household Yearly Income \$ _____

FPL Calculation:

Appointments Made: (Whom and Type):

Family Size:

- Birth Certificates (for everyone) Qty: _____
- Written Self Attestation (if nothing available)

Optional:

- Passports
- Permanent Resident Card
- Driver License (Optional)
- Tribal ID
- Written Self Attestation
- Picture ID issued by local, state, or foreign government

- Other Medical/ Dental Insurance: (Ex. AHCCCS) (if Applicable)

Income:

- Paycheck Stub
- Employer's Statement
- Award Letter
- Payment Calendar
- Letter from income source-Person Supporting Financially
- Self-Attestation for Self-Employment
- Tax Return : _____(year)
- No Income Self Attestation

Community Resource Referrals:

- Utility
- AHCCCS(Medical, SNAP, CASH, MSP)
- Unemployment
- WIC
- Housing
- Transit
- Child Care
- Food Bank
- School
- Medicare
- Other: _____