

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. Second St. # 210 Scottsdale, AZ 85251	16251 N. Cave Creek Phoenix, AZ 85032	4131 N. 24th Street, Suite B102 Phoenix, AZ 85016	11851 N. 51st Avenue, Ste. 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: _____