

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: for ***everyone*** in your household even though they are not applying.
 - Examples:
 - Birth Certificates
 - **Current** Picture ID issued by local, state, or foreign government.
 - Written Self Attestation (if no official documents available)

- Proof of Income: For EVERYONE in your household for the last 30 days from the date of appointment. 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 & TANF Cash*)
 - Rental Income
 - Most recent Income Tax Documents (1040 form, including schedule C)
 - 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
 - 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 to schedule an appointment.

Hours of operation begin at 7 am – Appointments are scheduled same day and are limited.

Please arrive 15 minutes prior to your appointment

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



Neighborhood Outreach Access to Health

Slide Fee Scale Application

- New
- Renewal

Appointment Type:

- Virtual/Remote
- In-Person

NOAH Location (select one):

- Venado Valley Health Center: 20440 N. 27TH Ave, Phoenix, AZ 85027
- Desert Mission Health Center: 9015 N 3rd St, Phoenix, AZ 85020
- Palomino Health Center: 16251 N Cave Creek, Phoenix, AZ, 85304
- Midtown Health Center: 4131 N 24th Street, Suite B-102, Phoenix, AZ, 85016
- Copperwood II Health Center: 11851 N 51st Avenue, Suite F-140, Glendale, AZ, 85304
- Cholla Health Center: 8705 E McDowell, Scottsdale, AZ, 85257

Appointment Date:	Marital Status:
Address, State and Zip Code:	
Phone Number:	Work Phone Number:
Email:	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:	Amount: \$
Name of Household member:	Person/Company/Source:	Frequency:	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



Neighborhood Outreach Access to Health

Slide Fee Scale Application

- New
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For office use only

Effective Date: _____

Expiration date: _____

FPL: _____

Household Size: _____

Household Annual Income: \$_____

FPL Calculation:

Income:

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

Other:

Family Size:

- Birth Certificates Qty: ____
- Written Self Attestation Qty: ____
- Passports Qty: ____
- Permanent Resident Card Qty: ____
- Driver License Qty: ____
- Tribal ID Qty: ____
- Written Self Attestation Qty: ____
- Picture ID issued by local, state, or foreign
government Qty: ____

Other:

Notes:
