

**NORTHWEST BUFFALO COMMUNITY HEALTH CARE CENTER
155 LAWN AVENUE, BUFFALO, NY 14207 875 2904 X 239**

APPLICATION FOR SLIDING FEE PROGRAM ELIGIBILITY

Date Application Given to Patient: _____ *Please return before next visit.*

Patient account number: _____

Patient Name: _____ SS#: _____

Address: _____
(Street) (City) (State) (Zip)

DOB: _____ Telephone number: Home: _____

Cell: _____

Employer: _____ Work Phone: _____

Household Members	Relationship	DOB	SS #	Income/ Wk/Mo/Yr	Income Proof

1. Do you have? Medicaid Medicare IHA CB Univera CHP BC
(Attach copy of Ins. Card) other: _____

2. If you have insurance coverage who is the policyholder? Name: _____

3. What is your insurance identification number? ID#: _____

You must provide proof of all household income and residency. Please see attached Documentation checklist (reverse side). Failure to provide sufficient proof will result in the return of your application and delay in approval.

I hereby request NWBCHCC to make a determination of my eligibility for the sliding fee program. I understand that the information, which I submit concerning my family income and size, is subject to verification. I also understand that if information, which I submit, is determined to be false, I will be liable for all services at full charge. In signing this application I affirm that the information provided above is true and correct to the best of my knowledge. I understand that it is my responsibility to inform NWBCHCC of all changes in my insurance information and should I fail to do so payment in full will be my responsibility.

Signature: _____ Date: _____

For Office Use Only: Date Submitted: _____ Household Income: _____ SFS: A _____
Reviewed by: _____ Additional comments: _____ B _____
_____ C _____
_____ D _____
entered into tickler and niterprise _____ Account balance verified _____

NORTHWEST BUFFALO COMMUNITY HEALTH CARE CENTER

SLIDING FEE DOCUMENTATION CHECKLIST FOR ELIGIBILITY

Applicant's Name _____ Application Date _____

Your application cannot be completed until all required documents are received.

PROOF OF RESIDENCE*- You must show ONE of the documents listed below to document your home address. Photocopies are acceptable.

*** FOR CHILDREN, BIRTH CERTIFICATES, SCHOOL REPORT CARDS OR FEDERAL TAX RETURN SHOWING THEM AS DEPENDENTS ARE THE ONLY ACCEPTABLE PROOF FOR CHILDREN**

RESIDENCY/HOME ADDRESS (*this must match the home address on your application, and the proof must be dated within 2 months of the application*)

- | | |
|---|--|
| NYS ID card with address | Postmarked envelope, postcard, or magazine label with name and date (cannot use if sent to a P.O. Box) |
| Driver's license | |
| Property tax records or mortgage statement | Utility bill (gas, electric, cable), bank statement or correspondence from a government agency which contains name and address from landlord |
| Letter/lease/rent receipt with home address | |

PROOF OF CURRENT HOUSEHOLD INCOME: You must provide a letter, written statement, or copy of check or

Wages and Salary <ul style="list-style-type: none"> <input type="checkbox"/> Paycheck stubs (4 consecutive weeks) <input type="checkbox"/> Letter from employer, signed and dated on company letterhead <input type="checkbox"/> Income tax return - W-2** <input type="checkbox"/> Business records 	Social Security <ul style="list-style-type: none"> <input type="checkbox"/> Award letter/certificate <input type="checkbox"/> Benefit check <input type="checkbox"/> Correspondence from Social Security Administration 	Child Support/Alimony <ul style="list-style-type: none"> <input type="checkbox"/> Letter from person providing support <input type="checkbox"/> Letter from court <input type="checkbox"/> Child support/alimony check stub
Self-Employment <ul style="list-style-type: none"> <input type="checkbox"/> Signed and dated income tax return and all Schedules** <input type="checkbox"/> Records of earnings and expenses 	Unemployment Benefits <ul style="list-style-type: none"> <input type="checkbox"/> Award letter/certificate <input type="checkbox"/> Benefit check <input type="checkbox"/> Correspondence from NYS Department of Labor 	Interest/Dividends/Royalties <ul style="list-style-type: none"> <input type="checkbox"/> Statement from bank, credit union or financial institution <input type="checkbox"/> Letter from broker <input type="checkbox"/> Letter from agent
Veteran's Benefits <ul style="list-style-type: none"> <input type="checkbox"/> Award Letter <input type="checkbox"/> Benefit check stub <input type="checkbox"/> Correspondence from Veterans Administration 	Worker's Compensation <ul style="list-style-type: none"> <input type="checkbox"/> Award letter <input type="checkbox"/> Check stub 	Income from Rent or Room & Board <ul style="list-style-type: none"> <input type="checkbox"/> Letter from roomer, boarder, tenant <input type="checkbox"/> Check stub
Private Pensions/Annuities <ul style="list-style-type: none"> <input type="checkbox"/> Statement from pension/annuity 	Military Pay <ul style="list-style-type: none"> <input type="checkbox"/> Award letter <input type="checkbox"/> Check stub 	Support from Other Family Members <ul style="list-style-type: none"> <input type="checkbox"/> Signed statement or letter from family member

**W-2s or income tax returns for other than self-employed may be used for applications prior to April of the following year. If later, you must include another form of documentation.

Dependents: We consider household income based on IRS dependency guidelines. You may not list a dependent here if you would not be able to include them on your tax return. Reference (<http://www.irs.gov/taxtopics/tc354.html>)