United Health Centers
of the San Joaquin Valley

Sliding Fee Application
Client Eligibility Certification

I. **Please print answers to all questions.**

I understand that United Health Centers, receives federal funds under Section 330 of the Public Health Services Act to help subsidize the cost of services for patients whose documented gross income is below 200 percent of the current federal poverty level for that patients family size.

I understand that these subsidies are only for patients who meet the eligibility criteria and that federal regulations require that United Health Centers, annually, certify my eligibility for subsidized services and document this certification in my permanent record.

I agree to inform United Health Centers of any change in my insurance/income status including third party coverage such as Medi-Cal, Medicare, and/or any other insurance which could prevent me from being eligible for the subsidy.

I understand the federal regulations require United Health Centers to collect at least a nominal fee for services rendered.

I understand that I am responsible for all charges. United Health Centers may refuse future non-acute medical services. Knowing these limitations, I hereby request subsidized medical services at United Health Centers.

II. List immediate family members who live with you and are supported by the family income.	Relationship To You	DOB	Source of Income	Social Security Number	Gross Monthly Income (Before Taxes or Deductions)
	SELF				
				Total Gross Monthly Income:	

III. Financial Coverage for Health Care

A. Do you have any of the following:

Yes	No		Yes	No	
☐	☐	Student Health Services	☐	☐	Health Insurance
☐	☐	Prepaid Health Plan	☐	☐	Medi-Cal
☐	☐	Military	☐	☐	Medically Indigent Adult
			☐	☐	Dental Insurance

B. Are you claimed as a dependent or married and do your parents or spouse have private insurance care coverage?

Yes ☐ No ☐ If Yes, Specify coverage: _____

_____

C. If Yes, was answered to any items in A or B, Explain why sliding fee funds are needed for this client: _____

_____

D. Have you ever applied for Medi-Cal? Yes ☐ No ☐

IV. Med. Rec. # _____

United Health Centers, reserves the right to inspect your tax return and/or wage statement for previous periods upon request. Tip earners are required to submit proof of average tip income or tax returns.

Your documented annual income is $ _____ Your documented family size is: _____

Therefore you qualify for a $_____ Medical $_____ Dental $_____ Optometry $_____ Chiropractic Co-pay until: _____

All the information I have provided to United Health Centers is true and correct to the best of my knowledge. I understand that falsification of information may constitute a federal offense. In addition I consent for this information to be shared for auditing purposes with drug manufacturers that provide discounted or free products.

_____ _____
Patient Signature Date

I certify that this client is (check one) ☐ Eligible ☐ Ineligible For sliding fee program services from: _____ through _____

_____ _____
Signature of UHC Representative Date

_____ _____
Supervisor/Manager Date

Attach Proof of Income Verification

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United Health Centers Sliding Fee Scale Program

Thank you for applying for the sliding fee scale program with United Health Centers. The goal of our sliding fee scale program is to provide our patients with affordable access to medical, dental, and pharmacy services. Upon applying for the sliding fee scale program, our staff will screen you and your immediate family for income and other payment options that may be available such as Medi-Cal or Medicare.

Should you qualify for the sliding fee scale program, you will receive the following at a discounted rate:

- Medical Provider visits
- Laboratory
- X-Ray
- Behavioral Health Services
- Dental visits for most dental services
- 70% discount on prescription drugs
- Optometry visits for most optometry services
- Chiropractic Visits

Included in this packet, you will find the application to be completed for the sliding fee scale program and what is needed to qualify for this program. It is very important that you provide all of the requested information to our staff for timely processing of your application. Any updates must be provided to United Health Centers no more than every 12 months. Additionally, sliding fee scale payments are expected to be made at the time of service.

Should you have any questions, please do not hesitate to ask any of our staff members.

Thank you and we look forward to providing care for you and your family.

United Health Centers