

La Clínica Sliding Scale Discount Application

Responsible Person's Name: _____ Today's Date: _____

In order to apply for discounted services at La Clínica we need to know a little about your family and your income. This information is only used to calculate your discount and is *kept confidential*.

Family Members

La Clínica needs to record all family members who you are financially responsible for *and* who live in your house.

Income Information

La Clínica requires proof of income. You must bring in last year's tax form (FORM 1040 EZ or FORM 1040), including W-2's for every adult in the household. If you don't have tax forms, you must ask our Business Services Supervisor what else you can bring in to prove your household income.

	Name of Family Member	Relationship	Birthdate	Working?
1		SELF		
2				
3				
4				
5				
6				
7				
8				
9				
10				

By signing this, I certify that all of this information is true, and our **total household income** is shown on the tax forms or other proof that I am giving La Clínica along with this Statement. I understand that if I lie to get a reduced fee, I am committing fraud.

Signature

Date

La Clínica use only

of People in Household: _____ Household Income: _____ Discount Level: _____

Entered into NextGen
(Staff Initials)

ATTACH INCOME INFORMATION *BEHIND* THIS FORM

LA CLÍNICA SLIDING SCALE DISCOUNT TABLE - 2009

Discounts are based on family size and income. Find your family size on the left and match it up with income to find out what discount level you may qualify for.

Sliding Scale Discount Levels

	A	B	No Discount
Discount Fee * -->	\$40.00	\$60.00	Full Charges

Income

	From		To		From		To	
Family Size	1	0	16,245	16,246	21,660	21,661		-->
	2	0	21,855	21,856	29,140	29,141		-->
	3	0	27,465	27,466	36,620	36,621		-->
	4	0	33,075	33,076	44,100	44,101		-->
	5	0	38,685	38,686	51,580	51,581		-->
	6	0	44,295	44,296	59,060	59,061		-->
	7	0	49,905	49,906	66,540	66,541		-->
	8	0	55,515	55,516	74,020	74,021		-->
	9	0	61,125	61,126	81,500	81,501		-->
	10	0	66,735	66,736	88,980	88,981		-->
	11	0	72,345	72,346	96,460	96,461		-->
	12	0	77,955	77,956	103,940	103,941		-->

Federal Poverty Level	0% - 150%	151% - 200%	> 200%
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All patients will receive a \$10 discount if the visit is paid in full on the day of service.

This table is for patient information only. Actual discounts are calculated by La Clínica Business Services and may vary.

*Discount Fee- includes most services and supplies. Some services and supplies may have an additional charge.