Coplin Health Systems
www.coplinhealthsystems.com
SLIDING FEE APPLICATION

The Sliding Fee Discount Program is a method for providing reduced fees, based on a household's size and income. In order to be eligible for this program, the following application must be completed, signed & dated, and submitted along with **proof of income (see listing on next page for acceptable forms of income verification)**

Patient/Applicant: Last_____ First _____ Phone _____

Mailing Address: _____ City _____ State _____Zip _____

- Have you or any of your household members applied for Medicaid (Title XIX)? Yes ☐ No ☐
- Are you or any of your household members applying for pharmacy assistance? Yes ☐ No ☐
- Do you file taxes? Yes ☐ No ☐ If not, please explain: _____

HOUSEHOLD SIZE: List all household members by name, relationship, date of birth, type of insurance coverage if any (include yourself):

Name	Relationship	Date of Birth	Social Security #	Type of Insurance
	Head of Household			

SOURCES OF INCOME: All members living in the household. "Household" is considered all persons living with you at the same address. If living situation is temporary, please advise Coplin staff of your situation.

Source	Amount ($)	Weekly	Bi-Weekly	Monthly	Annually	Staff Notes:
Employment Income		☐	☐	☐	☐	
Self-Employment Income		☐	☐	☐	☐	
Workers Comp Benefits		☐	☐	☐	☐	
Social Security Benefits		☐	☐	☐	☐	
Disability Benefits		☐	☐	☐	☐	
VA Benefits		☐	☐	☐	☐	
SSI (Supplemental Security)		☐	☐	☐	☐	
Child Support / Alimony		☐	☐	☐	☐	
Retirement Benefits		☐	☐	☐	☐	
Unemployment Benefits		☐	☐	☐	☐	
Rental Income		☐	☐	☐	☐	

Approved 8-14-19

PLEASE READ THE FOLLOWING CAREFULLY

You are required to provide proof of listed income in order to complete your application. The following are acceptable forms of income verification:

- Current Federal Income Tax Return (if tax return was filed)
- Paystubs for the last 4 weeks
- Most recent paystub for unemployment or workers comp benefit
- Recent copy of Social Security or Supplemental Security (SSI) determination
- Letter or statement for disability benefit, VA benefit, retirement benefit, showing monthly or yearly benefit amount
- Court order for alimony or child support or printout for child support payments
- Employer statement for cash wages (must include employer name, address and phone number)

Please note that any procedures that are not medically necessary or are cosmetic in nature are not eligible for the sliding fee discount. These services must be paid in full on the date of service.

IPP Bulk Replacement – By signing below, you are giving consent for the release of information for auditing purposes to the Bulk Replacement Program (Merck, Pfizer, and/or AstraZeneca) or its designee. You are also certifying that you will notify Coplin Health Systems immediately of all changes in insurance status or any changes in income, and that all information on the Sliding Fee application is correct. Finally, you are acknowledging your understanding that if approved for reduced fees, ***you must pay the reduced fee amount at the time of services***, and update the above information by the date of expiration on the approval letter sent to you.

I declare that my household's financial status is as listed above. I understand the following:

- Coplin Health Systems is utilizing federal tax dollars to assist me in receiving health care
- Giving false information regarding my household income is considered fraud against the U.S. government
- Any change in my finances or the number of people in my household must be reported to Coplin Health Systems and a new application must be completed

ALL APPLICANTS OVER THE AGE OF 18 MUST ATTEST TO THE ABOVE BY SIGNING BELOW:

_____	_____	_____
Patient's Name (Please Print)	Patient's Signature	Date
_____	_____	_____
Spouse/Applicant Name (Please Print)	Spouse/Applicant Signature	Date

Please mail the completed application to the address below or you may return it to your doctor's office. Thank you.

Coplin Health Systems
P.O. Box 609
Elizabeth, WV 26143