



PATIENT SLIDING FEE SCHEDULE

It is Friends of Family Health Center’s policy to provide essential and quality services regardless of the patient’s ability to pay. Our sliding fee schedule is dependent on family size and gross income. Please complete the following information and return to the front desk to determine the sliding fee for your visit.

- The sliding fee will apply to all services received at the health center but not those services which are purchased from third party vendors such as; laboratory testing, prescription drugs, x-ray interpretation by a consulting radiologist, and similar services.
- The sliding fee applies only to current, not future services.
- This form is valid for 90 days from the date you complete it. Please inquire at the front desk if you have questions.

How many people are in your household; _____

Total household income (include your spouses, children, etc.):

Household Member	Household Income (complete one column)		
	Annual	Monthly	Bi-weekly
Self			
Spouse			
Relatives			
Total			

I certify that the family size and income information shown above is correct. **I understand that copies of tax returns, pay check stubs, and other information verifying income** may be required before a sliding fee is approved.

Name (Print)

Signature

Date

