

# **Financial Care Program**

Compassionate financial support

### **Sliding Fee Discount Application**

It is the policy of MAHEC to provide essential services regardless of the patient's ability to pay. Discounts are offered based on family size and annual income. Please complete the following information and return to the front desk to determine if you or members of your family are eligible for a discount.

The discount will apply to all services provided and billable by MAHEC. Services performed by outside organizations and equipment that is purchased from outside companies, including outside laboratory testing, drugs, and x-ray interpretation by a consulting radiologist, and other such services, will not be covered under MAHEC's Charity Care policy. This form must be completed every 12 months or if your financial situation changes.

PATIENT NAME			DATE OF BIRTH	
STREET ADDRESS				
CITY	STATE	ZIP		PHONE

#### Please list spouse and dependents

Name	Date of birth	Needs charity care	Current MAHEC patient	
		□Yes □No	□Yes □No	
		□Yes □No	□Yes □No	
		□Yes □No	□Yes □No	
		□Yes □No	□Yes □No	
		□Yes □No	□Yes □No	
		□Yes □No	□Yes □No	

## Annual Household Income for all working adults

Source	Self	Spouse	Other	Total
Last two pay stubs, tax form with schedule C if you are self-employed, or letter from employer				
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income				
Interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other other miscellaneous sources				

NOTE: Copies of tax returns, pay stubs, or other information verifying income are required before a discount is approved.

I certify that the family size and income information shown above is correct.

Name (please print)	Date	Date		
Signature				

## Office Use Only

Approved by:
Date approved:
Family size:
Income:
Approved discount:
Date received signed agreement:

Verification Check List	Yes	No
Identification/Address: Driver's license, utility bill, employment ID, or		
Income: Prior year tax return, two most recent pay stubs, or other		