



**SLIDING SCALE DISCOUNT PROGRAM**  
*Compassionate financial support*

Thank you for applying to our Sliding Scale Discount Program!

These documents will need to be turned in before your application can be processed:

- Completed Application
- Proof of Income

Please return all documents to your Patient Financial Advocate within 30 days of your first appointment.

**Family Health Centers and Internal Medicine**

**Financial Advocate**

Phone: (828) 771-3507

Fax: (828) 407-2640

Mailing Address:

123 Hendersonville Rd  
Asheville, NC 28803

**Ob/Gyn Specialists**

**Financial Advocate**

Phone: (828) 771-5443

Fax: (828) 407-2639

Mailing Address:

119 Hendersonville Rd  
Asheville, NC 28803

**Center for Psychiatry and Mental Wellness**

**Financial Advocate**

Phone: (828) 771-3460

Fax: (828) 820-8327

Mailing Address:

125 Hendersonville Rd  
Asheville, NC 28803

**Dental Health Centers**

**Financial Advocate**

Phone: (828) 398-5918

Fax: (828) 552-8691

Mailing Address:

123 Hendersonville Rd  
Asheville, NC 28803

If you have any questions regarding this program, please feel free to contact your Patient Financial Advocate at the numbers listed above.

*Thank You!*



**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 \_\_\_\_\_

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        |  |  |