Eligibility Determination for Sliding Fee Discounts

It is Long Island FQHC, Inc. (LIFQHC) policy to provide essential services to all patients regardless of the patient's ability to pay. Discounts are set by the LIFQHC consumer Board of Directors and are offered based on the information you provide regarding your family size and income. If you are eligible for a sliding fee discount, it will apply to all services received at LIFQHC, but not for those services provided outside the Health Center.

Please complete the following information, even if you have insurance.

Household Income Before Taxes

HOUSEHOLD MEMBER	NUMBER	MONTHLY INCOME	YEARLY INCOME
Self Name:			
Spouse			
Dependent Children			
Other dependents			
Total			

☐ I am declining to provide information on my income and family size and agree to pay the full LIFQHC fee.

ACCEPTABLE PROOF OF INCOME IS REQUIRED FOR THE SLIDING FEE DISCOUNT PROGRAM.
IF YOUR FINANCIAL SITUATION CHANGES, PLEASE KEEP LIFQHC INFORMED.

☐ I certify that all information shown above is true, accurate and correct. I understand that if LIFQHC determines that I misrepresented or falsified information, I will no longer receive discounts and may be asked to pay back discounts provided.

☐ I agree to provide documentation of my income at my next visit.

Name (print)________________________________ Signature: __________________________________

Witness:____________________________________ Date: ______________________________________

Staff to complete information below

1. Eligible for Sliding Fee Discount: Yes ____ No ______ Patient Refused _____
2. If yes, acceptable proof of income provided: Yes ____ No ______ Patient Refused _____
3. If insured, Health insurance card provided: Yes ____ No ______ Not applicable _____
4. Patient reports no income Yes ____
5. Patient is unable to obtain proof from an employer Yes ___
   (This includes paid in cash/off the books earnings)

If yes, to either question 4 or 5, please fill out the attached Self-Attestation Form

Family Planning Sliding Scale Code (SS1- SS5 or N/A) ____________