Mountain Health Center

Application for Sliding Fee Discount Program

Patient name: _____Date of Birth:___/___/___SS#:_____-____-_____

Marital Status:_____Sex: (circle one) Female Male

Mailing Address:_____

Physical Address:_____

Phone #:_____-_____-_____ Cell Phone #:_____-_____-_____ Work Phone #: _____-_____-_____

E-Mail Address:_____

Do you give us permission to leave messages on your answering machine at home? Y N At Work? Y N

Do you give us permission to deliver messages to your e-mail address? Y N

Patient Employer: _____

Employer Address:_____

Emergency Contact:_____Phone #: _____-_____-_____

Legal Guardian:_____Relationship:_____Phone #: _____-_____-_____

Number of Immediate Family Members living with you: _____

Spouse/Partner: _____DOB: _____/_____/_____

Children/Siblings:_____ DOB: _____/_____/_____

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Children/Siblings:_____ DOB: _____/_____/_____

Children/Siblings:_____ DOB: _____/_____/_____

Children/Siblings:_____ DOB: _____/_____/_____

Any Additional :_____ DOB: _____/_____/_____

Please review the back of this form, sign, date and circle appropriate box and return to the Billing Office for approval

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1. Applicants must provide proof of primary residency through any one of the following: valid Vermont Driver's license; voter registration; or a copy of current year Vermont State income tax return or other documents such as an electric bill. A post office box is not sufficient to prove town of residence.

2. Applicants shall be required to submit a completed application form and copy of their federal tax return for the most recent filing period and two copies of their most recent pay stubs for all employed individuals in the family. The executive director or designee may waive the requirement of a federal tax return if, for valid reasons, the applicant is not required to file one, and can substitute all other documentation of family income such as child support, social security check, payroll check stub, etc.

Signature: _____

Date: _____

Please Circle Appropriate Box for Your Household Size and Gross Household Income

Annual Family Income Range

Household Size	Below 100% FPL	101% to 125% FPL	126% to 150% FPL	151% to 175% FPL	176% to 200% FPL	Over %200 FPL
Discount Applied	Nominal Fee	90% Discount	80% Discount	70% Discount	60% Discount	0% Discount
1	Under $11,770	$11,771 - $14,713	$14,714 - $17,655	$17,656 - $20,598	$20,599 - $23,540	Above $23,540
2	Under $15,930	$15,931 - $19,913	$19,914 - $23,894	$23,895 - $27,877	$27,878 - $31,859	Above $31,859
3	Under $20,090	$20,091 - $25,113	$25,114 - $30,133	$30,134 - $35,156	$35,157 - $40,178	Above $40,178
4	Under $24,250	$24,251 - $30,313	$30,314 - $36,372	$36,373 - $42,435	$42,436 - $48,497	Above $48,497
5	Under $28,410	$28,411 - $35,513	$35,514 - $42,611	$42,612 - $49,714	$49,715 - $56,816	Above $56,816
6	Under $32,570	$32,571 - $40,713	$40,714 - $48,850	$48,851 - $56,993	$56,994 - $65,135	Above $65,135
7	Under $36,730	$36,731 - $45,913	$45,914 - $55,089	$55,090 - $64,272	$64,273 - $73,454	Above $73,454
8	Under $40,890	$40,891 - $51,113	$51,114 - $61,328	$61,329 - $71,551	$71,552 - $81,773	Above $81,773
Additional People	Add $4,160 per person	Add $ 5,200 per person	Add $6,239 per person	Add $7,279 per person	Add $8,319 per person	Add $8,319 per person