

Sliding Fee Application Client Eligibility Certification

I. Please print answers to all questions.

I understand that United Health Centers, receives federal funds under Section 330 of the Public Health Services Act to help subsidize the cost of services for patients whose documented gross income is below 200 percent of the current federal poverty level for that patients family size.

I understand that these subsidies are only for patients who meet the eligibility criteria and that federal regulations require that United Health Centers, annually, certify my eligibility for subsidized services and document this certification in my permanent record.

I agree to inform United Health Centers of any change in my insurance/income status including third party coverage such as Medi-Cal, Medicare, and/or any other insurance which could prevent me from being eligible for the subsidy.

I understand the federal regulations require United Health Centers to collect at least a nominal fee for services rendered.

I understand that I am responsible for all charges. United Health Centers may refuse future non-acute medical services. Knowing these limitations, I hereby request subsidized medical services at United Health Centers.

inintations, I hereby request substatzed medica	ii services at Office	i rieaitii Ceii	11015.			
II. List immediate family members who live with you and are supported by the family income.	Relationship To You	DOB	Source of Income	Social Security Number	Gross Monthly Income (Before Taxes or Deductions)	
	SELF					
				Total Gross Monthly Income:		
III. Financial Coverage for Health Care				<u> </u>	•	
A D I GH CH :				ou claimed as a dependent of		ur parents
A. Do you have any of the following:	N		_	buse have private insurance	_	
Yes No Yes □ □ Student Health Services □		r	Yes	No If Yes, Specify co	verage:	
☐ ☐ Student Health Services ☐ ☐ Prepaid Health Plan ☐	☐ Health	Insurance	_	, was answered to any item	s in A or B Evolain	why
☐ ☐ Military ☐		aı lly Indigent A		g fee funds are needed for t		•
		Insurance	duit sirain,	5 ree rands are needed for t		
	□ Dentai	insurance	D. Have	you ever applied for Medi-	Cal? Yes	No
IV. Med. Rec. #						
United Health Centers, reserves the right to inspect to submit proof of average tip income or tax returns		or wage sta	tement for previ	ous periods upon request	t. Tip earners are r	equired
Your documented annual income is \$		Yo	ur documented f	amily size is:		
Therefore you qualify for a \$per						
per	service, co-pay ui	1011				
All the information I have provided to United Healt information may constitute a federal offense. In add provide discounted or free products.						
Patient Signature		Date				
I certify that this client is (check one) \Box Eligible	☐ Ineligible F	or sliding fe	e program servic	ees from:	_ through	
Print & Signature of UHC Representative		Date				
Print & Signature Supervisor/Manager						



United Health Centers Sliding Fee Discount Program

Thank you for applying for the sliding fee discount program with United Health Centers. The goal of our sliding fee discount program is to provide our patients with affordable access to medical, dental, and pharmacy services. Upon applying for the sliding fee discount program, our staff will screen you and your immediate family for income and other payment options that may be available such as Medi-Cal or Medicare.

Should you qualify for the sliding fee discount program, you will receive the following at a discounted rate:

- · Medical Provider visits
- Laboratory
- X-Ray
- · Behavioral Health Services
- Dental visits for most dental services
- Up to 70% discount on prescription drugs
- Optometry visits for most optometry services
- Chiropractic & Podiatry Visits
- Other specialty

Included in this packet, you will find the application to be completed for the sliding fee discount program and what is needed to qualify for this program. It is very important that you provide all of the requested information to our staff for timely processing of your application. Any updates must be provided to United Health Centers no more than every 12 months. Additionally, sliding fee discount payments are expected to be made at the time of service.

Should you have any questions, please do not hesitate to ask any of our staff members.

Thank you and we look forward to providing care for you and your family.

United Health Centers