



A Plus Family Healthcare

Discount Eligibility Application

DISCOUNT PROGRAM INFORMATION

Why do we need your household income?

- Some of our funding may come from grant money. For most of these grants, income information from our patients is necessary to prove financial need in the communities we serve.
- These grants allow us to provide a much higher level and greater availability of care than we could otherwise afford.
- In order to obtain these grants, and to keep them, we need to provide demographic information, including financial resources of patients, to prove that we are serving the people the grant money has been set aside for.

Definitions:

- **HOUSEHOLD MEMBERS:** All members of a household who are pooling financial resources in addition to room and board and/or are supporting one another financially
- **HOUSEHOLD INCOME:** Cash receipts received from all sources before taxes, including:
 - Wages and salaries
 - Receipts from self-employment less operating expenses
 - Payments from public assistance, social security, strike benefits, military allotments, disability, child support, government or private pensions, regular insurance or annuity payments
 - Income from dividends (including permanent fund & longevity dividends), interest, rents, royalties, estates and trusts

HOUSEHOLD INFORMATION

If you need additional space, please use the back of this page

Household Member Name	Relationship to Patient	Date of Birth	Annual Income

Total Number of Household Members:

Total Household Income:

I am **NOT interested** in disclosing my financial information and acknowledge that I will not be eligible for the discount eligibility program.

Do you or anyone living with you have Health Insurance, Medicare or Medicaid? Yes No
If so, please provide a copy of the card to the receptionist.

Have you applied for Kentucky State Medicaid? Yes No

This information must be updated each year, anytime your household size, household income or medical insurance status changes.

I understand that if approved for a sliding fee discount, that the financial information I provided on this form must be verified by A Plus Family Healthcare within 90 days or by my next appointment. We accept W2 tax forms, last 2 paystubs, disability income letters and more. Please see us for all forms of verification accepted.

I certify that the above information is true and correct to the best of my knowledge.

SIGNATURES REQUIRED

_____	_____	_____
<i>Patient/Guardian Signature</i>	<i>Print Name</i>	<i>Today's Date</i>
_____	_____	_____
<i>A Plus Representative Signature</i>	<i>Print Name</i>	<i>Today's Date</i>

For Office Use Only

Does patient qualify for the slide fee scale? Yes No

Sliding Fee Scale Tier (A,B,C,D,E,F) _____ \$ Tier _____