



Self-Declaration

Sliding Fee Discount Program

We appreciate the opportunity to provide you with health services. You will be asked to fill out our patient information form and medical history form. All patient records are strictly confidential and cannot be released without your permission.

Services rendered are expected to be paid on the date of service. The sliding fee scale is based on total household size and income. In order to qualify for the sliding fee scale, you must provide one of the following sources of information:

- Copy of Federal tax return
- Copies of one month of employment check stubs (preferably with year-to-date income)
- Printout from office issuing payments (SS, SSI, SSD, Iowa Workforce (Wage A), VA, etc.)
- Pension payments
- Employer statement of employee wages (must include employer name, address, and phone number)
- Documentation of any other source of income
- Letter on agency letterhead verifying financial status, i.e., Housing Authority
- Dated letter from homeless shelter (will contact shelter for verification of continued residency)
- Dated letter from unrelated party (e.g., landlord, clergy, or neighbor) explaining income.

Self-Declaration of required information

****This document is only used during your initial visit under the Sliding Fee Discount Program****

My current total household income is:

\$ _____ **circle one** - weekly, monthly, yearly

My current total number of household members is _____

I have read the above information and understand the qualifications and documentation necessary to apply for the sliding fee scale.

I further understand that if I do not provide the necessary information within 3 weeks, I will be required to pay 100% of the charges for all future services received at Eastern Iowa Health Center.

Patient Signature: _____

Date: _____

Staff Signature: _____

Date: _____

Office Use Only			
1 st Call:	2 nd Call:	Slide entered with 1 day:	Reviewed By:
			Date: