



SLIDING SCALE INFORMATION

WCMH will offer financial assistance to uninsured patients of limited financial means. This service is based upon the patient's income. If you are a patient and seeing our specialist you will be expected to pay \$85. For patients being seen by primary care, you may expect to pay \$35.00 on your first visit and \$35.00 for any follow up visits (plus any additional tests or procedures done that day). These discounted prices must be paid in full at time of service. NO EXCEPTIONS.

Chiropractic visits *do NOT* qualify for Sliding Scale

Below you will find a list of documentation that is needed in order to qualify for this service.

1. PROOF OF INCOME FOR THE PAST 3 MONTHS OR PREVIOUS YEAR TAX RETURN.
2. DENIAL LETTER FROM MEDICAID WITHIN THE LAST MONTH, DETERMINATION FOR MEDICAID ELIGIBILITY FORM, OR LETTER SHOWING PENDING APPLICATION-SUGGESTED.
3. SLIDING SCALE APPLICATION

All information must be turned in at the time your appointment or within 10 days of service.

Patients must reapply every 6 months and present the same qualifying documentation at that time.

I HAVE READ AND UNDERSTAND THE ABOVE. I ACCEPT FULL RESPONSIBILITY OF PROVIDING THE CORRECT INFORMATION TO THE WCMH BILLING OFFICE SHOULD I FAIL TO PROVIDE THE REQUESTED INFORMATION. I WILL BE CHARGED THE ENTIRE OFFICE VISIT MINUS ANY AMOUNT THAT WAS COLLECTED AT THE TIME OF SERVICE.

PATIENT NAME

DATE

PATIENT RECEIVED COPY YES _____ NO _____

STAFF INITIALS _____