



# 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:

- Copies of one month of employment check stubs (preferably with year to date income)
- Copy of payment from third party
- Copy of Federal tax return
- Print out from Iowa Workforce (Wage A)
- Dated letter from employer stating amount of cash payment (does not need to be notarized)
- Fixed income statement, i.e., pension or bank statements showing deposits
- Letter on agency letterhead verifying financial status, i.e., Housing Authority
- Dated letter from homeless shelter (will contact shelter for verification of continued residency)
- Self-declaration (may only be used for the first visit)

### **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 \$\_\_\_\_\_

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 charges for all future services received at Eastern Iowa Health Center.**

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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