



N.E. Washington
Health Programs

- Chewelah Community Health Center
- Kettle River Community Health Center
- Lake Spokane Community Health Center
- Loon Lake Community Health Center

MEDICAL CLINICS

- Northport Community Health Center
- Selkirk Community Health Center
- Springdale Community Health Center

DENTAL CLINICS

- Colville Community Dental Clinic
- Springdale Community Dental Clinic

SLIDING DISCOUNT PROGRAM

"WHAT IS A SLIDING DISCOUNT?"

The Sliding Discount refers to a discount program that enables us to discount qualifying service charges provided at our dental and medical clinics. This Sliding Discount can apply to all family members and, if there are no income changes within that time period, can last one year with the correct documentation.

"HOW IS A REDUCTION IN FEE DETERMINED?"

The Sliding Discount is determined based on your income level and the number of members in your household. Using this information, our staff computes the amount of sliding discount based on federal poverty guidelines. The minimum payment amount is \$20.00 for an medical office visit or \$40 for dental office visit. Depending on the level of slide qualified, this may be more.

"HOW CAN I QUALIFY FOR A SLIDING DISCOUNT?"

To qualify for the Sliding Discount your income must be below 200% of the federal poverty guidelines. We will need documentation of your income and the number of members in your household.

"WHAT TYPE OF DOCUMENTATION DO I NEED TO PROVIDE?"

To verify income, please provide copies of wage statements, unemployment and/or pay stubs, etc. A Self Declaration form may be used if the requested documentation is not available. A copy of your current driver's license or photo ID will also be required. This information is only used for determining your eligibility for the Sliding Discount and will be held in strict confidence.

"WHY DO I NEED TO PROVIDE THIS DOCUMENTATION?"

As a condition to providing the Sliding Discount arrangement, N.E. Washington Health Program's grantors require all qualifying patients to be documented to assure patients are receiving health care at discounted rates.

"WHAT HAPPENS IF I DON'T PROVIDE THE DOCUMENTATION?"

We will accept your word of your income level and number of household members for your first visit only. If you need a return visit to our clinic, we will require that documentation be on file to continue the Sliding Discount. If the required documentation is not on file, you will be charged our usual charges for the services provided until verification is complete. Self Declared income will qualify for the Sliding Discount for 6 months. A fully verified application will qualify for the Sliding Discount program for 12 months.



N.E. Washington
Health Programs

- Chewelah Community Health Center
- Kettle River Community Health Center
- Lake Spokane Community Health Center
- Loon Lake Community Health Center

MEDICAL CLINICS

- Northport Community Health Center
- Selkirk Community Health Center
- Springdale Community Health Center

- Colville Community Dental Clinic

DENTAL CLINICS

- Springdale Community Dental Clinic

SLIDING DISCOUNT APPLICATION

Please complete the following information. If you are unable to answer a question, please ask the receptionist to help you.

In order to determine your eligibility, complete this application and supply us with income verification. Today's services can be considered for sliding discount based on information you have written below. If, at the completion of the qualification process, you are found ineligible, you will be responsible for all charges incurred during the application process. If the information provided on this form is false or information was deliberately withheld in order to become eligible, you will be responsible for the total charges incurred—payable within 30 days.

1. FINANCIALLY RESPONSIBLE PERSON/RESIDENCY

NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____ - _____ BIRTH DATE: _____ SOC SEC # _____

MARITAL STATUS: _____ ALTERNATIVE CONTACT PHONE # _____

2. LIST ALL DEPENDENT MEMBERS OF HOUSEHOLD (please included yourself)

	NAME	BIRTHDATE	SOCIAL SECURITY #	RELATIONSHIP
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____

3. INCOME AND EMPLOYMENT

MONTHLY INCOME \$ _____ ANNUAL INCOME \$ _____

Are you currently employed? Yes No

Do you have other Medical Insurance? Yes No
(If yes please provide below)

Name of Ins. _____ Policy Id # _____

APPLICANT'S SIGNATURE

DATE

Office use only : V or N/V Discount % _____ Date _____ Initials _____



N.E. Washington
Health Programs

- Chewelah Community Health Center
- Kettle River Community Health Center
- Lake Spokane Community Health Center
- Loon Lake Community Health Center

- Colville Community Dental Clinic

MEDICAL CLINICS

- Northport Community Health Center
- Selkirk Community Health Center
- Springdale Community Health Center

DENTAL CLINICS

- Springdale Community Dental Clinic

ADDITIONAL INFO:

OFFICE USE ONLY

VERIFICATION GIVEN BY PATIENT

- Pay Stub—Unemployment
- Tax Form 1040 P. 1
- W-2's
- 1099's (Pension)
- Bank Statement / Loan Application
- Social Security Benefit Statement
- PHOTO ID

Other: _____

Sliding Discount Classification Percent: _____ %

Application is: Rejected Accepted

Reason Rejected: _____

AUTHORIZED BY

DATE