HEALTHWORKS SLIDING FEE SCALE REQUESTS

HealthWorks staff uses your household size and household income to determine your eligibility for the sliding fee scale. Even if you have insurance, you may qualify for this program. Please submit the following documents along with your request for the sliding fee scale:

<u>Valio</u>	l Photo Identification				
	Driver's License				
	State ID				
	Passport or Consulate Card				
	Student Photo ID				
Insu	rance Coverage Card				
	Private Insurance Card (Blue Cross Blue Shield, Cigna, A	Aetna, Etc.)			
			e Advantage Card	☐ Kid Care Card	
		☐ Medicaid	•	□ Other:	
Verif	ication of Household Size				
	Income Tax Return from the most recent filing year. Did	not file taxe	es? Please obtain a	4506-T Non-filing Tax Transcript from a HealthWorks	
	Staff Member.				
	• If you did not file taxes, address verification for all members of the household age 6 & older is required.				
✓ To verify address for school aged children, provide a copy of your child's demographics which can be obtained by logging					
	into your school portal or contacting the secretary at your child's school.				
	Legal documentation for anyone whom the patient or gua	ardian is lega	ally obligated to ca	are for:	
	Proof of Residency; Must provide a copy of a lease/rental				
<u>CUR</u>	RENT HOUSEHOLD INCOME: IF YOUR INCOME I	<u>IS DIFFER</u>	<u>ENT THAN YO</u>	UR TAX RETURN, PROVIDE ALL THAT APPLIES:	
	☐ Most recent 30 days of paycheck stubs	If you	have no income	provide at least one of the following:	
	□ Self-employed? most recent tax return with			nied unemployment letter and copy of employment	
	schedule C attached OR completed HealthWorks			partment of Workforce Services	
	self-employment form.	П	• •	g a recent stay at a shelter or other type of public	
	 □ Newly Employed? Provide an Employer Statement 		facility.	; a recent stay at a sherter of other type of public	
	Form <i>completed by employer</i> .	П	•	P Benefit History from Department of Family Services	
	☐ Current tax year Social Security Benefit Letter	П		ent from your physician documenting a temporary	
	☐ Unemployed? Provide a benefit letter from		disability.	one from your physician documenting a temporary	
	Workforce Services		•	meless Attestation Form	
	☐ Workers Compensation Statement	_			
	□ Veterans' Benefit		*If none of the ab	pove is available, please have the person providing for	
	□ Alimony		you or who can at	ttest to your situation complete HealthWorks Attestation	
	□ Rental Income		of Circumstances.		
	□ Retirement			Hoolth Works	