

Patient Registration Paperwork

Revised Sliding Fee Discount

Sliding Scale Discount Program fees for clinic services are based on your income and family size and may be reduced if you live on a limited income according to federal guidelines. To qualify for discounts, you must present the following information as applicable:

Acceptable documentation for proof of income (please provide proof for all Family/household income):

- Current paycheck stub.
- A letter on company letterhead. Please include the following information: hourly rate, gross pay and the pay period. If your employer does not have company letterhead, we will accept a notarized letter from your Employer. Please include the following information: hourly rate, gross pay and the pay period.
- Current Unemployment Determination Letter.
- Social Security, pension, trust, SSI Disability award letter, food stamp summary or child support check.
- Current financial aid, Pell Grants, scholarships papers.
- Current tax information.
- W2 Forms (gross income).
- For elderly parents living with adult children or adult grandchildren, include income if adult children or adult grandchildren claim parents as dependents on their tax return. Otherwise, parents should be considered as independent for the purposes of income. (Do not count their adult children's income).
- Noncash items such as food stamps are not included in the income.

Acceptable documentation for proof of family size (please provide proof for all Family/household income):

- Current tax return or tax information
- Driver's license (must include current address)
- Social Security, pension, trust, SSI Disability award letter, food stamp summary or child support check or child support summary, birth certificate or any government issued letter.
- Current piece of mail with family/household members name included
- Letter from Department of Family Services or Court Order

Who does GMHC define as "Family/Household" ?

- Husband, wife and dependent children (any age, related biologically or adopted)
- Significant other
- Unmarried partners
- Mother/Father, if included on the tax return
- Grandparents, if included on the tax return
- Grandchildren, if included on the tax return
- All members included on the tax return

PLEASE ENSURE YOU RETURN ALL THE INFORMATION AT THE SAME TIME

I understand if I do not provide the above information within thirty (30) days from today, I will be fully responsible for all services rendered and these services will be billed at the full price until information is returned, however, I will be awarded the discount on the initial visit based upon Federal Poverty Level guidelines of my self-declared income/family size on the Sliding Fee Discount Application. You will need to Present a copy of the following at the time of each visit:

You will need to present a copy of the following at the time of each visit:

- Driver's License or Photo Id
- Insurance cards, if applicable