



**SLIDING FEE DISCOUNT APPLICATION  
ELIGIBILITY FOR THIS PROGRAM IS BASED ON FINANCIAL NEED  
ALL INFORMATION IS CONFIDENTIAL**

**Why does Pediatric Associates of Watertown, P.C. need to know your household income?**

Some of our program budget comes from grant money. For most of these grants, income information from all of our patients is necessary to prove financial need in the communities we serve. The grant monies allow us to provide a higher level of quality and more services than we could without them. In order to get and keep these grants, we need to provide income information to prove that we are serving the people the grant money has been set aside for.

**Definition of Household:**

All members of a household who are related and pooling financial resources are counted as one family if the arrangements are considered permanent and support greater than room and board is provided. Unrelated members of a household who are supporting one another financially are considered one family.

**Definition of Income:**

Income is defined as total cash before taxes from all sources, which can include:

- Wages and Salaries
- Receipts from self-employment after deductions for normal operating expenses
- Regular payments through public assistance, social security, longevity, unemployment, strike benefits, military allotments, disability, rental income, regular support from an absent family member or someone not living in the household (includes child support), government or private pensions, and regular insurance or annuity payments
- Income from dividends (including permanent fund), interest, rent royalties, or income from estates or trusts
- Savings accounts (average balance of past 6 month's activity, divided by 6 months' equal monthly portion of income).

**How do I qualify?**

All applicants are asked to provide proof of household income and family size to qualify for discounted fees. There is a 60 day grace period from the date of your visit to the time the application needs to be returned. If the application is not returned within 60 days, you will be responsible for 100% of charges. If the application is returned within 60 days and the patient qualifies on the scale, adjustments will be made starting with the date of the application was provided to the patient. Information will be updated at least once every year, or anytime your income, household size and/or medical insurance status changes. It is your responsibility to keep an up to date sliding scale application with PAW.

**Items To Be Returned To Our Office:**

- Sliding Fee Discount Application
- Employer Verification Form
- Circumstance Verification (Only if you are currently unemployed)
- Verification of Income (Applicants may provide one of the following: prior year W-2, two most recent pay stubs, or Form 4506-T (if W-2 not filed). Self Employed individuals will be required to submit details of the most recent three months of income and expenses for the business. Adequate information must be made available to determine

**Applicant Information:**

<b>Name:</b>		<b>Phone:</b>	
<b>Street:</b>	<b>City</b>	<b>State:</b>	<b>Zip:</b>

You must provide proof of income to qualify for the discount schedule. This information must be updated at least annually, and any time your household income size and/ or medical insurance status changes. You will be responsible for the full amount of the visit and the discount will not be applied to your account until you give PAW the required proof of income. If proof of income is given to us within 60 days of the visit, and if you are eligible, the discount will be applied retroactively and all following visits will be discounted.

(List your name and the names of ALL individuals who live with you) If you need more space, please continue on the back of this form.

Name	Relationship	Date of Birth
	SELF	

Source	Self	Other	Total
Gross wages, salaries, tips, etc.			
Income from business and self employment			
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, veterans' payments, survivor benefits, pension, or retirement income			
Interest; dividends; royalties; income from rental properties, estates, and trusts; alimony; child support; assistance from outside the household; and other miscellaneous sources			
<b>TOTAL INCOME</b>			

I authorize all government agencies, employers and any companies, agencies, or persons listed herein to provide information about me to PEDIATRIC ASSOCIATES OF WATERTOWN, P.C., the State of New York, and/or the federal government. I also authorize PAW to disclose this information to agencies as necessary to qualify me for reduced fees. I certify that the statements regarding the persons and income in my household are true and correct to the best of my knowledge. I further understand if any information is found to be inaccurate, I may be denied a discount and/or subject to legal action for knowingly providing false information. I agree to notify PAW of all changes in income, address, living arrangements, number of household members, and/or other circumstances. I understand that the information given above will be kept confidential except for the purposes noted above and not be released without my written permission. I also understand that if I do not agree with any decision made concerning this application, I have the right to ask in writing for a review by the Practice Manager.

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

<b><u>FOR OFFICE USE ONLY</u></b>	
Total Annual Income: _____	# of Family Members: _____
Verified By: _____	Date: _____
Verified with: Pay Stubs ___ Tax Forms ___ EVF ___ CVF ___ Other _____	
Proof Returned Date: _____	
Discount Effective Date: _____	
Qualified? Yes ___ No ___ Discount %: 100%, 75%, 50%, 25%, ___%	
Requalify Date: _____	
Account(s): _____	