

|                 |                   |             |                  |
|-----------------|-------------------|-------------|------------------|
| Office Use Only |                   |             |                  |
| Eff Date _____  | Review Date _____ | Staff _____ | SFS Fee \$ _____ |

# Annual Sliding Fee Application

## NKN Student Health & Wellness Center/Rinehart Clinic

**It is the policy of the NKN Student Health & Wellness Center/Rinehart Clinic to provide health care services regardless of a patient’s inability to pay. Discounts are offered depending upon family income and the number of household members. You must reapply for the discount every year.**

**Please complete this application and return by** Mailing to Rinehart Clinic, PO 176, Wheeler, OR 97147  
 Faxing to: 1-844-720-1901  
 Or handing to wellness center staff

**Please list everyone living in your household at this time:**

|                   | Legal First and Last Name | Date of Birth |
|-------------------|---------------------------|---------------|
| Self              |                           |               |
| Spouse/Partner    |                           |               |
| Dependent         |                           |               |
| Dependent         |                           |               |
| Dependent         |                           |               |
| Dependent         |                           |               |
| Dependent         |                           |               |
| Dependent         |                           |               |
| Unborn Child(ren) |                           | (Due date)    |

**Do you currently have health insurance?**     No     Yes

**If yes, name of insurance carrier** \_\_\_\_\_

**IMPORTANT NOTE: We do not require people to purchase insurance.**

**Please list your yearly household income in the table below.** Income includes: Gross wages, salaries, tips, social security, pensions, annuities, veteran’s payments, child support, military family allotments, income from rentals, interest, dividends and other income, along with self-employment or seasonal income.

**Please remember you must provide proof of income before any discount will be applied to your account.** The standard documents used to verify income are W-2s, tax returns, your last three paycheck stubs, unemployment benefits report, Social Security award letter or bank statement showing direct deposit. We are willing to take other verification documents on a case-by-case basis.

I acknowledge that I am over income for the Sliding Fee Scale.

Initial: \_\_\_\_\_

| Source of Income   | Amount (Self) | Amount (Spouse) | Amount (Other) | Total |
|--------------------|---------------|-----------------|----------------|-------|
| Employment         | \$            | \$              | \$             | \$    |
| Self-Employment    | \$            | \$              | \$             | \$    |
| Social Security    | \$            | \$              | \$             | \$    |
| Retirement/Pension | \$            | \$              | \$             | \$    |
| Other              | \$            | \$              | \$             | \$    |
| Other              | \$            | \$              | \$             | \$    |

I certify that the family size and income information shown above are correct. I understand that I will need to bring in proof of income before a discount will be applied to my account. I understand that I must reapply for the discount every year.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Legal Name (Please print)** \_\_\_\_\_

**What is a Sliding Fee Scale?**  
 Our Sliding Fee Scale offers discounts to patients based on their income, regardless of whether or not they have health insurance. Anyone who makes less than 201% of the Federal Poverty Level guidelines is eligible for a discount. (See income grid on the attached Sliding Scale Discount Table document.)

**Do I still need to fill out this paperwork if I am over-income?**  
 If your income is over 200% of the Federal Poverty Level guidelines, we still request that you fill out the paperwork. When you do, it helps Rinehart Clinic collect data we can use to apply for grants that help support our services. Please note that you do *not* need to provide income verification if you are over-income.

This discount will apply to fees for services provided by NKN Student Health & Wellness Center/Rinehart Clinic. Other services, such as laboratory, audiology, x-ray interpretation, echocardiograms, and carotid ultrasounds, are billed directly by third parties.