

2017 SLIDING SCALE WORKSHEET / RUBY VALLEY HOSPITAL & RURAL HEALTH CLINICS

Payment is due at time of service to qualify for assistance.



Family name: _____

Contact Person: _____

Contact Phone #: _____

Number of Family Members: _____

Family Members: _____

Income: _____

Effective Date: From: _____ To: _____

Required Paperwork:

1. Copy of income tax return (NOTE: Assistance is based on **GROSS** yearly income.)
2. Copy of current paystub for all working family members

Applications will be renewed each year by April 30th or when financial situations change.

NOTE: Include income from all adult family members in household and income from all sources. These include, but are not limited to: Gross wages, tips, social security, disability, pensions, annuities, veterans payments, net business or self employment, alimony, child support, military, unemployment, public aid and any other form of income.

Family Size	A Min		B \$10.00 + 10%		C \$10.00 + 20%		D \$10.00 + 30%		E \$10.00 + 40%		F 100%	
	Pay (\$10.00)											
	From	To	From	To	From	To	From	To	From	To	From	To
1	\$0	\$11,880	\$11,881	\$14,850	\$14,851	\$17,820	\$17,821	\$20,790	\$20,791	\$23,760	\$23,761	And over
2	\$0	\$16,020	\$16,021	\$20,025	\$20,026	\$24,030	\$24,031	\$28,035	\$28,036	\$32,040	\$32,041	And over
3	\$0	\$20,160	\$20,161	\$25,200	\$25,201	\$30,240	\$30,241	\$35,280	\$35,281	\$40,320	\$40,321	And over
4	\$0	\$24,300	\$24,301	\$30,375	\$30,376	\$36,450	\$36,451	\$42,525	\$42,526	\$48,600	\$48,601	And over
5	\$0	\$28,440	\$28,441	\$35,550	\$35,551	\$42,660	\$42,661	\$49,770	\$49,771	\$56,880	\$56,881	And over
6	\$0	\$32,580	\$32,581	\$40,725	\$40,726	\$48,870	\$48,871	\$57,015	\$57,016	\$65,160	\$65,161	And over
7	\$0	\$36,730	\$36,731	\$45,913	\$45,914	\$55,095	\$55,096	\$64,278	\$64,279	\$73,460	\$73,461	And over
8	\$0	\$40,890	\$40,891	\$51,113	\$51,114	\$61,335	\$61,336	\$71,558	\$71,559	\$81,780	\$81,781	And over
9	\$0	\$45,050	\$45,051	\$56,313	\$56,314	\$67,575	\$67,576	\$78,838	\$78,839	\$90,100	\$90,101	And over
10	\$0	\$49,210	\$49,211	\$61,513	\$61,514	\$73,815	\$73,816	\$86,118	\$86,119	\$98,420	\$98,421	And over

Each Column represents the annual **GROSS** income of the family.

Nominal Fee is \$10. When patient falls in Column B, C, D, or E, they will increase by 10% of the charge in each category.

Patients pay 100% of the bill in Column F, but can set up long term payment plans.

All payments must be made at time of service to qualify for discount. No one will be turned away for inability to pay.

I certify that the information given to Ruby Valley Rural Health Clinics is true and correct to the best of my knowledge and further agree that falsification herein will disqualify me or my dependent(s) for charitable services. I understand the information submitted is subject to verification. I understand all information given to me regarding the sliding scale program & my payment responsibilities

Patient Signature: _____

Clinic Authorization: _____

Date: _____

Date: _____

Effective: 12/01/2016