JD

Health and Wellness Center

Sliding fee scale criteria and application:

It is the policy of J.D. Health and Wellness Center Inc., to provide essential services regardless of the patient's ability to pay. Discounts are offered based on family size, annual income and debt. Please complete the following information and return to the front desk to determine if you or members of your family are eligible for a discount. The discount will apply to all services received at this clinic, but not those services or equipment that are purchased from outside, including reference laboratory testing, drugs and x-ray interpretation by a consulting radiologist, and other such services. This form must be completed every 12 months or if your financial situation changes.

Annual Income Thresholds by Sliding Fee discount Pay Class and Percent Poverty

Poverty Level	At or Below 100%	125%	150%	175%	200%	Above 200%
Family Size	Nominal fee($5)	20% Pay	Charge 40% Pay	60% Pay	80% Pay	100% Pay
1	0-$11.770	$11,771-$14,713	$14,714-$17,655	$17,656-$20,598	$20,599-$23,540	$23,541+
2	0-$15,930	$15,931-$19,913	$19,914-$23,895	$23,896-$27,878	$27,879-$31,860	$31,861+
3	0-$20,090	$20,091-$25,113	$25,114-$30,135	$30,136-$35,158	$35,159-$40,180	$40,181+

4	0-$24,250	$24,251-$30,313	$30,314-$36,375	$36,376-$42,438	$42,439-$48,500	$48,501
5	0-$28,410	$28,411-$35,513	$35,514-$42,615	$42,616-$49,718	$49,719-$56,820	$56,821+
6	0-$32,570	$32,571-40,713	40,714-48,855	$48,856-$56,998	$56,999-$65,140	$65,141+
7	0-$36,730	$36,731-$45,913	$45,914-$55,095	$55,096-$64,278	$64,279-73,460	$73,461+
8	0-$40,890	$40,891-$51,113	$51,114-$61,335	$61,336-$71,558	$71,559-$81,780	81,781+
Additional people add	$4,160	$5,200	$6,240	$7,280	$8,320	$8,320

Name of Head of Household			Place of Employment	
Street	City	State	Zip	Phone

Please list spouse and dependents under age 18.

Name	Date of Birth	Name	Date of Birth
Self		Dependent	
Spouse		Dependent	
Dependent		Dependent	
Dependent		Dependent	

Annual Household Income

Source	Self	Spouse	Other	Total
Gross, wages, salaries, tips, etc.				
Income from business, self-employment, and dependents				
Unemployment compensation, workers'compensation, social security, supplemental security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income				
Interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources				
Debt: Child support, taxes owed, rent, car payment, house payment, credit card debt, other Debt				

Total Income after expenses:_____

Note: Copies of tax returns, pay stubs, credit report, or other information verifying income or debt may be required before discount is approved.

I certify that the family size and income information shown above is correct

Name:
Signature:
Date:

Office Use Only

Patient Name:_____

Approved Discount:_____

Approved by:_____

Date Approved:_____

Verification Checklist	Yes	No
Identification/Address: Drivers License, utility bill, employment ID, or other		
Income: Prior year tax return, three most recent pay stubs, or other		
Insurance: Insurance Cards		