

Honor Cares: Sliding Fee Program

Honor Community Health offers discounted fees for qualified patients who may be unable to pay the full fee for services. As a non-profit organization, we receive funding from local, state, federal and grant funding sources and we are required to collect financial information from our patients to continue to receive this funding. All information will remain confidential.

Slide Category	A	B	C	D	E			
	<p>Locate the row describing your family size and then circle the corresponding Total Household Income Range</p> <p>Example for 3 person household with \$30,000 total income:</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>3 people living in household annually earning:</td> <td>\$0 to \$23,030</td> <td style="border: 2px solid blue;">\$23,031 to \$34,545</td> </tr> </table>					3 people living in household annually earning:	\$0 to \$23,030	\$23,031 to \$34,545
3 people living in household annually earning:	\$0 to \$23,030	\$23,031 to \$34,545						
Family Size: Count Adult and Children	Total Household Income Range							
1 person living in household annually earning:	\$0 to \$13,590	\$13,591 to \$20,385	\$20,386 to \$23,782	\$23,783 to \$27,180	\$27,181+			
2 people living in household annually earning:	\$0 to \$18,310	\$18,311 to \$27,465	\$27,466 to \$32,045	\$32,046 to \$36,620	\$36,621+			
3 people living in household annually earning:	\$0 to \$23,030	\$23,031 to \$34,545	\$34,546 to \$40,302	\$40,303 to \$46,060	\$46,061+			
4 people living in household annually earning:	\$0 to \$27,750	\$27,751 to \$41,625	\$41,626 to \$48,562	\$48,563 to \$55,500	\$55,501+			
5 people living in household annually earning:	\$0 to \$32,470	\$32,471 to \$48,705	\$48,706 to \$56,822	\$56,823 to \$64,940	\$64,941+			
6 people living in household annually earning:	\$0 to \$37,190	\$37,191 to \$55,785	\$55,786 to \$65,082	\$65,083 to \$74,380	\$74,381+			
7 people living in household annually earning:	\$0 to \$41,910	\$41,911 to \$62,865	\$62,866 to \$73,342	\$73,843 to \$83,820	\$83,821+			
8 people living in household annually earning:	\$0 to \$46,630	\$46,631 to \$69,945	\$69,946 to \$81,602	\$81,603 to \$93,260	\$93,261+			
More than 8 people living within the household:	\$4,670	\$7,005	\$8,172	\$9,340	\$9,341+			
What is your income?	\$ _____	How often do you collect this income?	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually					

I confirm that the above information is truthful and accurate. I agree to inform Honor Community Health of any changes in my income. Failure to provide truthful, accurate and/or timely information may result in loss of funding for sliding fee scale privileges.

I decline to apply for the Honor Cares Sliding Fee Program

X _____
Signature of Patient or Patient's Legal Guardian (if applicable)

Date

Print Name of Patient's Legal Guardian (if applicable)