

Unified Community Services

Serving Grant and Iowa Counties

IF YOU HAVE WISCONSIN MEDICAID OR DO NOT ELECT TO PARTICIPATE IN THE SLIDING FEE SCALE **STOP HERE**

Sliding Fee Scale Application

1. What is a Sliding Fee Scale?

The Sliding Fee Scale bases the amount you pay for services on your household income.

2. Who can be on the Sliding Fee Scale?

Any person who does not qualify for Wisconsin Medicaid.

3. I already have insurance. Should I still apply?

Yes, because if you qualify for the Sliding Fee Scale, you may pay less than your insurance co-pays/co-insurance/deductibles for services.

4. What does “household member” mean?

Household members include the patient, their spouse if they have one, and any legal dependents. If the patient is a minor the household members would include the patient, their legal guardian or guardians, and any legal dependents of their legal guardian(s).

5. Who needs to provide proof of income?

Any household member of any age with income must provide proof of income. Household members ages 18 or older without income must complete a verification of no income.

6. What happens if I don't have proof of income for each household member with me?

All required documents are needed to complete your sliding fee scale. If you are unable to provide proof of income for each required household member, they cannot be counted towards the household size.

8. How long does a Sliding Fee Scale last?

Each sliding fee lasts for 1 year. Then you must re-apply or pay full price.

PLEASE NOTE THE FOLLOWING:

- To comply with state guidelines, Unified Community Services (UCS) is required to provide a sliding fee discount to patients who meet the eligibility guidelines. The sliding fee scale application is used to determine eligibility and to assess the level of discount assigned to you as a patient. In order to determine if you are eligible for this discount, you will need to fill out and sign this application.
- Your answers will be kept on file and in strict confidentiality.
- Proof of identification may also be required. This may be given in any of the following:
 - Driver's license
 - Health Insurance Card
 - Birth Certificate
 - Employment Badge
 - Passport
 - Marriage license (if name verification is needed)
 - Other verification methods deemed appropriate by UCS staff
- In addition to this application, it is necessary for UCS to obtain the following:
 - Proof of income for you and anyone who resides in your home. The following items may be used as proof of income:
 - W-2 forms
 - Two most current pay stubs
 - Income tax returns
 - Any other income documentation (i.e. statement of unemployment benefits, social security benefit letter, etc.)
 - If you are not working, and do not have a source of income, a letter of support from the sustaining party or individual that you are living with

Patient Information:

Name: (Last) _____ (First) _____ (MI) _____

Date of Birth _____

Are you: · Single · Married/Partner · Widow/er · Divorced · Separated

Family size: total number of people living in your house: _____
(dependent children, spouse/partner, parents or in-laws)

Are you currently employed? · YES · NO

Is your spouse/partner currently employed? · YES · NO

Household Members & Gross Income:

** Proper proof of income documents must be provided for each household member.

<u>Name</u>	<u>Amount</u>	<u>Frequency</u>	<u>Employer:</u>
You			
Spouse			

Certification

I promise that everything I have written on this form is true to the best of my knowledge. I understand that Unified Community Services (UCS) may verify the information on this form, and I authorize UCS to contact third parties to ensure the information is correct. I understand that if anything in this application is not true, I will not be able to get financial help, any financial help may be reversed, and I may have to pay back charges.

I agree & understand that I am responsible for any fees associated with my visit.

Patient Name (Print): _____ Date: _____

Patient/Guardian Signature: _____ Date: _____

To be filled out by UCS staff only:

Check if verified and obtained

- Identity Verified
- Last 30 days paycheck stubs
- Most Recent Tax Return
- Company letter stating annual earnings
- Official letters/documents
- Patient Refused to provide proof of income information

Signature of UCS Staff

Date