

Site name \_\_\_\_\_

Account # \_\_\_\_\_

Medical record # \_\_\_\_\_

Date applied \_\_\_\_\_

Primary Care Health Services, Inc.  
**Sliding Fee Scale Application**

**I. Tell Us About Yourself**

Your name \_\_\_\_\_

Address, including city and zip code \_\_\_\_\_

Telephone number \_\_\_\_\_

Your birthday \_\_\_\_\_

Your Social Security Number \_\_\_\_\_

Do you have any medical coverage now?      **YES**      **NO**

**If yes**, what is the name of your insurance company? \_\_\_\_\_

What is your policy number? \_\_\_\_\_

Have you ever applied for medical assistance through the Allegheny County Public Assistance office?      **YES**      **NO**

**If yes**, please circle which program:

**ACCESS      BEST      GATEWAY      MEDPLUS**

**If no**, please explain why: \_\_\_\_\_

If you would like to apply for DPW/Medical Assistance Program, please call (412) 244-4985 to schedule an appointment or contact your local county assistance office.

---

**II. Tell Us About Your Family**

Please list the members of your household including yourself:

Full name	date of birth	social security number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### III. Tell Us About Your Household Income

How does your family take care of their expenses?

- ✓ **All income** that your family receives before tax deductions **must be listed** for the past 30 days.
- ✓ Please **attach proof of that income** to this application.

<b>Type of Income</b>	<b>Amount</b>	<b>What did you attach to verify this?</b>
Employment/Job	\$	
Net receipts self-employment	\$	
Social security	\$	
Railroad Retirement	\$	
Unemployment compensation	\$	
Worker's Compensation	\$	
Strike benefits from union funds	\$	
Veteran's benefits	\$	
Public Assistance	\$	
Cash Assistance Program	\$	
Food Stamps	\$	
Supplemental Security Income	\$	
Training Stipend	\$	
Alimony	\$	
Child Support	\$	
Military Family Allotment	\$	
Family and/or friend(s)	\$	
Pension private	\$	
Pension government	\$	
Annuity payments	\$	
Regular insurance payments	\$	
Income from dividends/interest	\$	
Rents, royalties, estates, trusts	\$	

**My family earns \$ \_\_\_\_\_ before taxes every**  
*Circle one:*    YEAR            MONTH            WEEK

### IV. Truth of Statement

The facts set forth in this application are true and complete to the best of my knowledge. I understand and accept the fact that a false or incomplete statement on this application will be cause for rejecting my application, at which point I will be responsible for 100% of any medical or dental expenses accrued at Primary Care Health Services, Inc.

\_\_\_\_\_  
 Witnessed by & date

\_\_\_\_\_  
 Your signature & date

### V. Sliding Fee Disclosure

The income guidelines change annually. Re-evaluation for sliding fee is required if there is a change in your income status during the year. You are required to have your application updated annually, even if your income has remained the same or your fee will revert back to 100%.

- ✓ *The actual cost per medical visit varies based on the type of visit provided.*
- ✓ *The full charge for a brief visit is \$115.00, an intermediate visit \$120.00, and a comprehensive visit \$125.00.*
- ✓ *If you have Medicaid, Medicare, Private Insurance, and/or Blue Cross/Blue Shield the full charge will be billed to your third party carrier.*
- ✓ *As a Self Pay patient you will receive the appropriate adjustment to your account.*
- ✓ *Pharmacy services are not covered under the sliding fee scale program.*
- ✓ *The nominal range on the sliding fee does not apply to Dental Services.*
- ✓ *The fees for driver physicals, and pre-marital exams are set at \$27.00.*
- ✓ *The urine pregnancy test is set at \$20.00.*
- ✓ *Laboratory and ancillary tests that are performed at the center are subject to the sliding fee. You will be charged a percentage of the actual cost.*
- ✓ *If your laboratory test is sent out to a reference laboratory, you will receive a bill directly from the reference laboratory at their prevailing rate.*
- ✓ *You may also use your Master Charge or VISA if you wish. (select offices)*
- ✓ *Patients are encouraged to pay at the time of each visit.*

**YOUR NEXT SCHEDULED REVIEW DATE WILL BE, \_\_\_\_\_.**  
*11 MONTHS FROM TODAY*

**VI. Summary**

Mr./Mrs./Ms. \_\_\_\_\_ total yearly, monthly, or weekly income is \$ \_\_\_\_\_, the family size is \_\_\_\_\_, and therefore is responsible for \_\_\_\_\_% medical & \_\_\_\_\_% dental services covered under the sliding fee scale at all PCHS sites.

**Adjustments to this account may occur on covered services received within the proceeding thirty (30) day period.**

*Effective date of adjustment \_\_\_\_\_ Your initials \_\_\_\_\_*

I understand the policy regarding services provided under the sliding fee scale, which has been discussed with me. I agree to pay for covered services at the established rates. All other services will be paid at the prevailing rate.

\_\_\_\_\_  
 Witnessed by & date

\_\_\_\_\_  
 Your signature & date

**Some Health Resources**

- For all children under the age of 18 years old, the **Children's Health Insurance Program (CHIP)**, may be helpful. Call (412) 456-1877 for an application & support.
- Partnership for Prescription Assistance** call to see if you qualify for free or reduced cost prescription program(s) 1 888-477-2669
- For people who are over the age of 65, the **PACE** program may be able to help with your prescription costs. Call 1-800-222-9004 for an application to be mailed to you.
- Behavioral Health Prescription Program**/Allegheny County, Department of Human Services 412 350-3426 or 412 350-5753, provides psychiatric prescription medication at no cost to eligible individuals. Eligibility is based on family income & the number of people in the household and expenses.
- Ryan White AIDS Drug Assistance Program (ADAP)** provides HIV drugs to people with HIV/AIDS who don't have health insurance or have private health insurance that doesn't pay for the drugs. Call **AIDS Hotline** In Pennsylvania: (800) 662-6080, Health Department: (717) 783-0572