

# Terry Reilly Health Services

## Sliding Fee Application INSTRUCTIONS

1. All fields must be completed.
2. If a field does not apply, mark N/A.
3. Application is not considered complete until all forms of verified income are received.
4. Completed application and income verification forms can be submitted to front desk.

To submit by mail: Terry Reilly Health Services, 211 16th Ave. North, Nampa ID 83653 (income verifications forms should be copies. Original documents will not be returned)

\*\*\*Advisory: Your application will become void if income verification is not supplied within 30 days of signing.

**Patient will be charged full fees until an application is completed and submitted.\*\*\***

If you are employed:	<ul style="list-style-type: none"> <li>• Paystubs issued from all employers within the last 30 days</li> <li>• or a tax return filed within last 90 days</li> </ul>
If you are self-employed:	<ul style="list-style-type: none"> <li>• Tax return filed within the last 90 days</li> <li>• or a current bank statement showing 90 days of income</li> <li>• A profit &amp; loss statement for the previous 12 months</li> </ul>
If you are paid in cash:	<ul style="list-style-type: none"> <li>• A bank statement with 90 days of history</li> <li>• AND a signed and dated letter from your employer listing:             <ul style="list-style-type: none"> <li>- Your name</li> <li>- Employer's name</li> <li>- Initial date of employment</li> <li>- Rate of pay and frequency</li> </ul> </li> </ul>
If you collect unemployment or workman's compensation:	<ul style="list-style-type: none"> <li>• Bank statement with 30 days of history</li> <li>• or official notification stating amount of benefit and weeks remaining.</li> </ul>
<p>Do you receive other assistance?</p> <p>Check all that apply</p> <p><input type="checkbox"/> Worker's Compensation</p> <p><input type="checkbox"/> Social Security</p> <p><input type="checkbox"/> Supplemental Income (SSI)</p> <p><input type="checkbox"/> Pension/retirement</p> <p><input type="checkbox"/> Rental property income</p> <p><input type="checkbox"/> Trust or estate funds</p> <p><input type="checkbox"/> Child Support</p> <p><input type="checkbox"/> Alimony</p> <p><input type="checkbox"/> Veteran's benefit</p> <p><input type="checkbox"/> Survivor's benefit</p>	<ul style="list-style-type: none"> <li>• Bank statements with 30 days of history</li> <li>• or current determination letter/benefit summary.</li> </ul>
If you have no household income:	Further verification is required.

Responsible Party:	
Address:	Apt #:
City, State, Zip Code:	
Telephone:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Other
Date of Birth:	
Social Security Number or TIN:	

# Terry Reilly Health Services Sliding Fee Application

Family Size:

Family or household size is the number of immediate family members, including the applicant, who are at least 50% dependent on the income reported on this application.

Check here if also a Terry Reilly patient

**List household members; parents, children, but not extended family members.**

Name #1:	Date of Birth:	Relationship:	
Name #2:	Date of Birth:	Relationship:	
Name #3:	Date of Birth:	Relationship:	
Name #4:	Date of Birth:	Relationship:	
Name #5:	Date of Birth:	Relationship:	

**Please complete all employment information for each family member.**

Name of Person Employed	Start Date	Hours p/week	Hourly or Salary Amount Paid	<input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Twice- Monthly
				<input type="checkbox"/> Monthly	<input type="checkbox"/> Salary		
Employer Name							
Name of Person Employed	Start Date	Hours p/week	Hourly or Salary Amount Paid	<input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Twice- Monthly
Employer Name				<input type="checkbox"/> Monthly	<input type="checkbox"/> Salary		
Name of Person Employed	Start Date	Hours p/week	Hourly or Salary Amount Paid	<input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Twice- Monthly
Employer Name				<input type="checkbox"/> Monthly	<input type="checkbox"/> Salary		

**Please list all sources of family income. If your family household has no income, please initial here:**

Further verification will be required.

Sources	You	Your Spouse	Your Children	Other Person	Total Sources
Social Security/ Retirement Pension	\$	\$	\$	\$	\$
Unemployment/ Workers Compensations	\$	\$	\$	\$	\$
Income from Rental Property	\$	\$	\$	\$	\$
Child Support, Alimony	\$	\$	\$	\$	\$
Other (Specify) Ex: Interest Income	\$	\$	\$	\$	\$

- I have provided true and complete information which I authorize Terry Reilly to verify.
- Terry Reilly Health Services has permission to share my financial information with healthcare entities that may provide discounted services. Examples: medication assistance program, referral networks, laboratories, imaging services, or specialists.
- I understand that providing false information may exclude me from discounts at Terry Reilly and I may be billed for any discounts I receive using false information.
- I understand sliding fee discounts are in effect for 12 months from date of approval. If assistance is needed after that time, I must re-apply.
- I will notify Terry Reilly within 10 days if my financial status changes. Examples: change in family size, employment status, new job, qualify for other assistance, etc.
- I understand my application will be denied if income documentation is not provided within 30 days of signing this application and that if denied, I will need to restart the application process.

**By signing I agree to all the above statements**

<b>Responsible Party Signature:</b>	<b>Date:</b>
<b>Relationship to Patient:</b>	

**Reviewed by (full name):** \_\_\_\_\_