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SLIDING FEE PROGRAM APPLICATION

Our Sliding Fee Program helps make financial assistance available to eligible individuals receiving healthcare services in our network. To apply, please provide the information and documentation requested below. If you have questions or need help completing your application, please call the number above and we'll be happy to help you.

Applicant (Patient ONLY):

First and Last Name: _____ Gender (circle one): **M** / **F** Phone Number: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____ Date of Birth: _____

Please include the following documents with your application:

- **Proof of Medical Insurance (if you have it):** Copies of any medical insurance card(s), if you have insurance coverage. This information will *not* affect your potential sliding fee discount.
- **Proof of your GROSS income:**
 1. **Did you file Federal Income Taxes for the most recent filing year?** YES NO
If yes, please provide the most recently filed Federal Income Tax Returns (Form 1040) with attachment Schedule 1.
 2. Paystubs dated within the last 30 days. In place of paystubs, you may provide one of these other proofs of income:
 - Unemployment determination letter
 - Social Security determination letter
 - Monthly rental income statement
 - Monthly alimony statement
 - Other monthly income statement
- **Statement of No Income (for any unemployed adult):** Unemployed patients must write, date and sign a statement explaining how they are supported.

I certify that the information I have given is true and correct. I understand that, by signing this application, I give Hudson Headwaters Health Network permission to verify and confirm this information.

Signature

Date