

Office Use Only		
Eff from Date _____	Eff to Date _____	Review Date _____
SFS Fee \$ _____	Staff _____	

Annual Sliding Fee Application

Nehalem Bay Health Center

(formerly known as Rinehart Clinic)

Due Date for Application & Income Verification:

It is the policy of the Nehalem Bay Health Center to provide health care services regardless of a patient's inability to pay. Discounts are offered depending upon family income and the number of household members. You must reapply for the discount every year.

Please complete this application and return it, along with income verification, within Thirty (30) days.

Return paperwork to Nehalem Bay Health Center by: Mailing to: PO 176, Wheeler, OR 97147
 Faxing to: 1 844 712-3001
 Or handing it to front desk staff

Please list everyone living in your household at this time:

	Legal First and Last Name	Date of Birth
Self		
Spouse/Partner		
Dependent		
Dependent		
Dependent		
Dependent		
Dependent		
Dependent		
Unborn Child(ren)		(Due date)

Do you currently have health insurance? No Yes

If yes, name of insurance carrier _____

If you fall under the Oregon Health Plan income guidelines, we will have our insurance specialist contact you, or you may contact them at 1-800-368-5182, Ext. 112 or 134.

IMPORTANT NOTE: We do not require people to purchase insurance.

Please list your yearly household income in the table below. Income includes: Gross wages, salaries, tips, social security, pensions, annuities, veteran's payments, child support, military family allotments, income from rentals, interest, dividends and other income, along with self-employment or seasonal income.

Please remember you must provide proof of income before any discount will be applied to your account. The standard documents used to verify income are W-2s, tax returns, your last three paycheck stubs, unemployment benefits report, Social Security award letter or bank statement showing direct deposit. We are willing to take other verification documents on a case-by-case basis.

I acknowledge that I am over income for Nehalem Bay Health Center's Sliding Fee Scale. Initial: _____

Source of Income	Amount (Self)	Amount (Spouse)	Amount (Other)	Total
Employment	\$	\$	\$	\$
Self-Employment	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
Retirement/Pension	\$	\$	\$	\$
Other	\$	\$	\$	\$
Other	\$	\$	\$	\$

I certify that the family size and income information shown above are correct. I understand that I will need to bring in proof of income before a discount will be applied to my account. I understand that I must reapply for the discount every year.

Signature

Date

Legal Name (Please print) _____

What is a Sliding Fee Scale?
Our Sliding Fee Scale offers discounts to patients based on their income, regardless of whether or not they have health insurance. Anyone who makes less than 201% of the Federal Poverty Level guidelines is eligible for a discount. (See income grid on the attached Sliding Scale Discount Table document.)

Do I still need to fill out this paperwork if I am over-income?
If your income is over 200% of the Federal Poverty Level guidelines, we still request that you fill out the paperwork. When you do, it helps Nehalem Bay Health Center collect data we can use to apply for grants that help support our services. Please note that you do *not* need to provide income verification if you are over-income.

This discount will apply to fees for services provided by Nehalem Bay Health Center. Other services, such as laboratory, audiology, x-ray interpretation, echocardiograms, and carotid ultrasounds, are billed directly by third parties.
