



Enclosed is an application for the Sliding Fee Program. Please complete and return the sliding fee application with proof of income as the new sliding fee year begins April 1, 2017. A green return mail envelope has been included for your convenience.

**The sliding fee program is not considered Insurance/healthcare coverage. The sliding fee program provides approved patients a reduced fee for services received at offices throughout Shenandoah Valley Medical System. All uninsured patients can speak with our ACA staff located at 99 Tavern Rd. in reference to obtaining healthcare coverage or contact [www.healthcare.gov](http://www.healthcare.gov) or 1-800-318-2596.**

The application must be completed in blue or black ink only. If you have any questions or need assistance, please call 304-596-2215 for Shenandoah Community Health Center, or 540-722-2369 for the Winchester Family Health Center, or 304-263-7023 for Behavioral Health Services.

Employment (Proof of one is required)	<ul style="list-style-type: none"> <li>• 1 month of most recent paystubs</li> <li>• 2016 tax return (NO W2 Form)</li> <li>• Letter from employer stating gross wages on letter head or notarized letter</li> </ul>
Self-Employment	<ul style="list-style-type: none"> <li>• 2016 tax return with schedule C</li> </ul>
Unemployment/Workman's Compensation	<ul style="list-style-type: none"> <li>• Official benefit letter stating weekly/monthly amount</li> </ul>
Disability/Social Security	<ul style="list-style-type: none"> <li>• Official benefit letter (NO 1099 Form)</li> </ul>
Child Support/Alimony	<ul style="list-style-type: none"> <li>• Official letter or court order</li> </ul>
Government Assistance	<ul style="list-style-type: none"> <li>• Official benefit letter</li> </ul>
Pensions	<ul style="list-style-type: none"> <li>• Official benefit letter</li> </ul>
If claimed on someone else's tax return:	<ul style="list-style-type: none"> <li>• 2016 tax return is required</li> </ul>
No Income	<ul style="list-style-type: none"> <li>• Call office for financial certification form</li> </ul>



# Shenandoah Community Health Sliding Fee Application

<b>Name:</b>		Social Security #		Date of Birth	
Current address:				Phone:	
City:		State:		Zip Code:	
<i>(Please circle)</i> US Resident      YES/NO		Veteran      YES/NO		Migrant      YES/NO	
What office are you applying for? <i>(Please circle)</i>		Medical	Behavioral Health	Dental	Winchester Office
What type of insurance do you have? <i>(Please circle)</i>		Medicaid	Medicare	Commercial(BCBS, Aetna, Cigna)	Other      None
<b>EMPLOYMENT INFORMATION</b>					
Current employer:				How long?	
Phone:		Hourly rate		Paid weekly    bi-weekly <i>(Please circle)</i>	
How many people are supported by this income (including you)?			Are you a full time student?		
<b>SPOUSE/OTHER EMPLOYMENT INFORMATION</b>					
Current employer:				How long?	
Phone:		Hourly rate		Paid weekly    bi-weekly <i>(Please circle)</i>	
<b>LIST ALL HOUSEHOLD MEMBERS</b>					
<i>PLEASE INDICATE WHICH MEMBER IS A DEPENDENT (A DEPENDENT IS DEFINED AS SOMEONE WHO IS LISTED ON YOUR FEDERAL INCOME TAX FORM) PROVIDE <b>SEPARATE SHEET IF MORE ROOM IS NEEDED</b></i>					
Name		Relationship:		Date of birth:	
Name		Relationship:		Date of birth:	
Name		Relationship:		Date of birth:	
Name		Relationship:		Date of birth:	
Name		Relationship:		Date of birth:	
<b>LIST ALL FORMS OF INCOME <i>PROVIDE PROOF OF INCOME</i></b>					
Public Assistance \$ <i>(food stamps, cash benefits)</i>		Social Security/ Disability \$		Inheritance \$	
Alimony/Child Support/TANIF \$		Pensions/Retirement \$		Unemployment \$	

You must attach proof of income for every person receiving income who resides in your household. If you have no income to report we will need to request additional information, please contact our office prior to completing your application. For assistance or questions please contact our office 304-596-2215 or email [slidingfee@svms.net](mailto:slidingfee@svms.net).

***Continued on reverse side***

I swear and affirm under penalty of perjury, that all the information listed is accurate to the best of my knowledge. I have received the sliding fee pamphlet and understand my responsibility as a sliding fee participant. *Your financial information is not forwarded to any agency. Your payment is due at time of visit. Sliding Fee does not go into effect until the application has been approved.*

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Patient/Parent/Legal Guardian Signature

Date

Other Household members applying for the Sliding Fee Program:

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Print Name

Date of Birth

Signature

Date

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Print Name

Date of Birth

Signature

Date

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Print Name

Date of Birth

Signature

Date

Please provide any additional information that will assist us with the application process.

**FOR OFFICE USE ONLY**

Received by \_\_\_\_\_ Date: \_\_\_\_\_

Approved by \_\_\_\_\_ Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Discount amount \_\_\_\_\_ % Denied \_\_\_\_\_



Shenandoah Valley Medical System, Inc. does business as Shenandoah Community Health.  
This health center is a Health Center Program grantee under 42 USC 254b, and a deemed Public Health Service employee under 42 USC 233(g)-(n)

## YOUR RESPONSIBILITIES

These are **Your Responsibilities:**

- To bring in the required information for Sliding Fee Program.
- To complete the Sliding Fee Application.
- To make consistent payments on any current balance or bad debt.
- To bring in your sliding fee co-pay at the time of your appointment.

## SLIDING FEE QUESTIONS

If you have any questions regarding the Sliding Fee Program, please email [slidingfee@svms.net](mailto:slidingfee@svms.net) or call

- Shenandoah Valley Medical System  
(304)596-2215
- Winchester Family Health Center  
(540)722-2369



SHENANDOAH VALLEY  
MEDICAL SYSTEM, INC.

## SLIDING FEE DISCOUNT PROGRAM

- Shenandoah Community Health Center
- Winchester Family Health Center
- Behavioral Health Services – Charles Town
- Healthy Smiles Community Oral Health Center

SHENANDOAH VALLEY MEDICAL SYSTEM, INC.

99 Tavern Rd  
P.O. Box 1146  
Martinsburg, WV 25402

Shenandoah Valley Medical System, Inc.

**Sliding Fee Coordinator**

Phone: 304-596-2215  
Fax: 304-596-2202

Winchester Family Health Center

Phone: 540-722-2369  
Fax: 540-722-6601



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## WHAT IS THE SLIDING FEE DISCOUNT PROGRAM?

- The Sliding Fee Discount Program allows those who are un-insured or underinsured to receive healthcare at a reduced cost.
- To be eligible for the program, proof of household income and family size is required. The minimum payment for medical care is \$15 and minimum for dental care is \$20. This amount is **only** for patients that are **below 100%** of the poverty level.
- You may owe more based on the level of reduction for which you qualify. If you have insurance, reduced payments will apply to the balance you owe **after** your insurance obligations, such as per visit co-pay as part of your insurance agreement.
- The Sliding Fee Discount Program can be used for x-rays, laboratory services, medical, and dental care at our Shenandoah facilities.

## WHAT IS REQUIRED TO APPLY?

1. Proof of 1 month of income for everyone in the household.
2. Completion of the sliding fee application including signatures of all adults who wish to be enrolled in the program.

## HOW DOES THE PROGRAM WORK?

1. Once all the required information is received, a letter stating eligibility will be sent.
2. The rate stated in the letter will be what percentage the patient is responsible for.
3. **An approved sliding fee application must be received prior to receiving a discount.**
4. **If documentation is not provided, or the application could not be approved, the full amount charged for the services received will be the responsibility of the patient or guarantor.**

## UPDATE & PAYMENT REQUIREMENTS

1. Financial documentation for the Sliding Fee Discount Program must be updated every **April**.
2. **The requested information must be supplied prior to receiving a Sliding Fee Discount.**
3. Your application must be updated anytime your income changes more than \$100 per month.
4. It is important to keep your account current. If balances are not paid in a timely manner, you may be asked to agree to a payment plan. We are willing to work with you to develop a reasonable payment schedule based upon your ability to pay. It is very important that the agreed upon amount is paid regularly and on time. If not, it may be necessary to speak to a billing specialist before each appointment is made.
5. The Sliding Fee Program is funded by the Federal Government. Failure to provide truthful application information may result in **dismissal** from the Sliding Fee Discount Program and/or **Federal Penalties**.