

Listed below are the documents requested for income verification for the Sliding Fee Program. Please complete and return the sliding fee application with proof of income that is most applicable to your current income status. 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 Community Health. All uninsured patients can speak with our ACA staff located at 99 Tavern Road, Martinsburg in reference to obtaining healthcare coverage, visit www.healthcare.gov or call 1-800-318-2596.

Please be sure that all sections of application are completed. For questions or assistance, please call Shenandoah Community Health at 304-596-2215 or email slidingfee@svms.net.

Employment (Proof of one is required)	 1 month of most recent paystubs Most recent year tax return (W2 Form Not Accepted) Letter from employer stating gross wages on letter head or notarized letter
Self-Employment	 Most recent year tax return with schedule C
Unemployment/Workman's Compensation	Official benefit letter stating weekly/monthly amount
Disability/Social Security	 Most recent Official Medicare benefit letter for current year (1099 Form Not Accepted)
Child Support/Alimony	Official letter or court order
Government Assistance	Official benefit letter
Pensions	Official benefit letter
If claimed on someone else's tax return:	Most recent year tax return is required
No Income	Call office for financial certification form

