



**PATIENT REGISTRATION FORM**

**Sliding Fee Schedule Application**

Athens Neighborhood Centers offers a sliding scale fee for all patients, whether insured or uninsured. Please note that we are not a free clinic and rely on patient payments to sustain our operations. If you meet the income and household requirements, you may apply for a reduced payment. To apply for reduced fees, please complete the application form and provide the necessary proof of income. The discount is valid for one year, but any changes in family size or income require a new application and updated proof of income.

**Instructions:**

- List everyone living in household, their relationship and date of birth
- List the amount you received for the last 4 weeks by each person. **Gross income is salary/wages before any withholdings for taxes or other benefits. Gross unearned income includes – Worker’s Compensation, SSI, Child Support, Unemployment or on-going support from anyone not included in household.**
- Self-declaration: You can apply once per year without submitting proof of income. This discount is valid for 10 days and proof of income is required to continue receiving discounts.

Name	Relationship to Applicant	Date of Birth	Employer or Source of Income	Gross Earned Income	Gross Unearned Income
Self:					
Spouse/Partner:					
Other:					
Other:					
Other:					

I certify that I do not have health insurance or any other benefits that cover my medical care for which I have not disclosed information. Additionally, I certify that the information provided above is accurate to the best of my knowledge. I understand that providing false information on this form may result in my disqualification from receiving care under the discount program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY:** Please enter the date, along with the household size and income details. Calculate the amount on a weekly, monthly, or annual basis, and refer to the Federal Poverty Table to determine the appropriate Sliding Fee discount. By completing this form, you certify that the information provided is accurate to the best of your knowledge.

Household Size: \_\_\_\_\_ Total Earned Income \$ \_\_\_\_\_ Total Unearned Income \$ \_\_\_\_\_ Total Household Income \$ \_\_\_\_\_

SFS Level: \_\_\_\_\_ Verification Method: \_\_\_\_\_ Staff Member: \_\_\_\_\_