

London Health  Center, Inc.

**SLIDING FEE  
CONFIDENTIAL APPLICATION**

*All information is required*

Fees are due at time of service  
Payment options for scale clients include: Bankcard or cash

Patients full name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Date of birth \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Marital status \_\_\_\_\_

Guarantor (if not patient) \_\_\_\_\_ SS# \_\_\_\_\_

Date of birth \_\_\_\_\_ Relationship to patient \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Name of last physician seen \_\_\_\_\_ Reason \_\_\_\_\_

Number of people in household \_\_\_\_ Number of children under 18 \_\_\_\_ Number of adults \_\_\_\_

Total monthly income: Gross \_\_\_\_\_ Net \_\_\_\_\_

Two forms of income verification are **required**

1. Income tax statement for the past year
2. Copy of pay stubs for the past 3 months

Major source of income: \_\_\_\_\_

Financial savings and other assets: \_\_\_\_\_

Monthly housing (mortgage or rent) \_\_\_\_\_

Other significant debts or obligations: \_\_\_\_\_

Circumstances that affect the family at this time: *Please use back of form if necessary* \_\_\_\_\_

---

If approved, this application will have an expiration date. Applications may be renewed however, all information must be resubmitted on a new form with required items attached.

*I certify that the above information reflects my total income from all sources. I understand all fees are due at time of service including cost for pharmacy items.*

Signature of responsible party \_\_\_\_\_ Date \_\_\_\_\_

# London Health Center, Inc.

2376 Main Street • Ferndale, WA 98248 • (360) 384-2900

## SLIDING SCALE INFORMATION

<b>Number of family members in house (declared deductions)</b>						
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
<b>Gross monthly income % of payment required</b>	0 to \$1083 <b>25%</b> Payment required	0 to \$1458 <b>25%</b> Payment required	0 to \$1833 <b>25%</b> Payment required	0 to \$2208 <b>25%</b> Payment required	0 to \$2583 <b>25%</b> Payment required	0 to \$2958 <b>25%</b> Payment required
	\$1084 to \$1300 <b>50%</b> Payment required	\$1458 to \$1750 <b>50%</b> Payment required	\$1833 to \$2200 <b>50%</b> Payment required	\$2208 to \$2650 <b>50%</b> Payment required	\$2583 to \$3100 <b>50%</b> Payment required	\$2958 to \$3550 <b>50%</b> Payment required
	\$1301 to \$1733 <b>75%</b> Payment required	\$1750 to \$2333 <b>75%</b> Payment required	\$2200 to \$2933 <b>75%</b> Payment required	\$2650 to \$3533 <b>75%</b> Payment required	\$3100 to \$4133 <b>75%</b> Payment required	\$3550 to \$4733 <b>75%</b> Payment required
	Over \$1733 <b>Full payment is required</b>	Over \$2333 <b>Full payment is required</b>	Over \$2933 <b>Full payment is required</b>	Over \$3533 <b>Full payment is required</b>	Over \$4133 <b>Full payment is required</b>	Over \$4733 <b>Full payment is required</b>