CCBC
REQUEST FOR SLIDING FEE

Date_____ **Patient. #**_____ **Facility**_____

Client Name_____ **DOB**_____

Address_____

NOTE: **ATTACH COPIES OF ALL FORMS USED FOR VERIFICATION OF INCOME AND EXPENSES TO THIS SHEET.**

Client Signature_____ Date_____

SLIDING FEE WORKSHEET

Composition of Family Household:

Total # of persons' dependent on income _____

Gross Annual/Weekly Income FROM ALL SOURCES:

Salaries (2 current pay stubs for ALL current jobs) $_____

Other Sources (bonuses, annuities, commissions, unemployment compensation, Social security, most recent State/Federal tax filings, photocopy of entitlement checks for SSI, SSDI, AFDC, EAEDC, VA, Annual Award/Benefit letter, child support check or agreement, interest, private retirement checks or disability check[s], dividends, rent income &/or alimony) $_____

Total Annual/Weekly **GROSS** Income $_____

ADDITIONAL ADJUSTMENT

Authorized Deduction from Above:

Support to children from former marriage $_____

Support to other family members/relatives $_____

Unusual debts (i.e., medical, educational expenses) $_____

Catastrophic events/expenses (death, fire, accident) $_____

Total Deductions $_____

Income upon which fee is based **(subtract deduction from gross income)**

Adjusted Gross Income: $_____

Explanation: _____

Staff member requesting consideration of additional adjustment _____
(Staff Member Signature &Date)

I attest I will submit the Mass Health application form for approval of benefits:

_____
(Client Signature & Date)

I attest that I am currently unemployed & have no source of income: _____
(Client Signature & Date)

I attest that I have received a denial letter for benefits from MassHealth: _____
(Client Signature & Date)

I attest I am not currently covered by any health care insurance policy that would cover these services:

_____
(Client Signature & Date)

I attest I am unable to provide any income verification to this agency for the following reason: _____

_____
(Client Signature & Date)

Approval given for requested fee of _____%

Staff Signature _____ Date _____

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