



Cambridge Memorial Hospital, Inc. dba Tri Valley Health System
Rural Health Clinic (Cambridge, Arapahoe and Indianola)
Sliding Fee Discount Information

It is the policy of Tri Valley Health System to provide essential service regardless of the patient's ability to pay. Tri Valley Health System's rural health clinics offers discounts based on family size and annual income.

Please complete the following information and return to the Patient Accounting Department or Clinic Front Desk to determine if you or members of your family are eligible for a discount.

The discount will apply to all services received at this clinic, but not those service or equipment received outside of the rural health clinic, including laboratory testing, drugs, imaging services and other such services. You must complete this form every 12 months or if your financial situation changes.

Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone Number: _____

Please list all household member, including those under the age of 18.

	Name	Date of Birth
Self		
Other		
Other		
Other		

Source	Self	Other	Total
Gross Wages, Salaries, Tips, etc.			
Income from business and self-employment			
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veteran's payments, survivor benefits, pension or retirement income			
Interest; dividends; royalties; income from rental properties, estates and trusts; alimony; child support; assistance from outside the household; or other miscellaneous sources			
Total Income			

I certify that the family size and income information shown above is correct.

Name: (Print) _____

Signature: _____ Date: _____

Office Use Only

Patient Name: _____

Approved Discount: _____

Approved by: _____

Date Approved: _____

Verification Checklist	Yes	No
Identification/Address: Driver's License, Utility Bill, Employment ID or Other		
Income: Prior year Tax Return, three most recent pay stubs or other		

Sliding Fee Schedule

Maximum Annual Income Amounts for each Sliding Fee Percentage Category (except for 0% discount)

Poverty Level	100%	110%	120%	130%	140%	150%	160%	170%	180%	190%	200%	>200%
Discount Level	100%	90%	80%	70%	60%	50%	40%	30%	20%	15%	10%	0%

The level of discount will be determined family size, household income as it compares to the Federal Poverty guidelines (for the 48 contiguous states and the District of Columbia) in effect as of the date of the approved application.