Health Partnership Clinic

FINANCIAL ASSISTANCE APPLICATION OVERVIEW

How do I qualify?

To qualify for a discount, you must complete an application and attach proof of income. If you have no income, a letter verifying this status is required. You must return this application to ***Health Partnership Clinic*** for review by a staff member who will determine if you are eligible for a discount.

What benefits do you offer?

We strive to give affordable health care to everyone. To do so, we ask that everyone pay their fair share. A minimum payment will be requested at the time of service. Depending on your income and the services you require, you may pay as little as $10 for medical services, or $20 for dental care. If your annual household income is at or less than the amounts below, you are eligible for a discount.

Annual Gross Income Guidelines 2015			
Amount owed	**$10** (Medical) **/ $20** (Dental)	**$15** (Medical) **/ $30** (Dental)	**$20** (Medical) **/ $40** (Dental)
Family of 1	up to $15, 654	up to $20,598	up to $23,540
Family of 2	$21,203	$27,878	$31,860
Family of 3	$26,720	$35,158	$40,180
Family of 4	$32,253	$42,438	$48,500
Family of 5	$37,785	$49,718	$56,820
Family of 6	$43,318	$56,998	$65,140
Family of 7	$48,851	$64,278	$73,460
Family of 8	$54,384	$71,558	$81,780

For family units of more than 8 members, add $4,160 for each additional member.

How long will my discount last?

Your discount will be in effect for 12 months. If your income or household size changes during this time, please notify HPC to be sure you are receiving the proper discount. When your discount expires, you will need to reapply.

Can I still qualify for a discount, even if I have health insurance?

Yes! However, we must file your claim with your insurance first. If the claim is denied, we will then apply your discount to the total amount. If the insurance company directly sends you a payment or denial notice, send a copy to HPC, so you can get your discount. Otherwise, you will be billed for the entire claim.

Where can I use my discount?

We can only apply discounts to services provided by HPC. We cannot discount charges from hospitals, ambulance services or physicians outside of HPC(even if you have been referred there by HPC). Some providers, such as the hospitals, also offer financial assistance.

Health Partnership Clinic

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Name of Applicant:_____ Phone number: _____

Address: _____ City, State, and Zip: _____

Household Information: List everyone living in your home, starting with yourself (including unborn children).

Name	Date of Birth	Social Security #	Relationship to you
1.			
2.			
3.			
4.			
5			
6			
7.			

Household Income Information: Please list everyone in the household receiving income. (*Household income includes all income generated by the household, regardless of marital status. Income includes, but is not limited to: salaries, pensions, social security payments, disability payments, alimony, child support, unemployment, self-employment wages, tips, VA benefits, food stamps, etc. The discount is calculated on total income before taxes.)* *****PLEASE ATTACH PROOF OF INCOME.**

Name of person working or receiving income	Type of Income (employment, SSI, benefits, etc.)	Employer name and phone number	Weekly / Bi-weekly / Monthly / Annual amount received before taxes/deductions

Health Insurance Information: Please list anyone in the household who currently has insurance.

Name	Type of Insurance	Identification Number

I understand that any insurance payments received by me or on my behalf must be applied to my account before I receive any discounts. I agree to pay _____ at the time of service. I certify the above information is correct and assume the responsibility of contacting HPC should any changes to my financial or insurance status occur.

_____ _____

Patient's Signature Date