



SLIDING FEE SCALE APPLICATION

TheraVault assures that no patient will be denied healthcare due to their inability to pay. Eligibility for TheraVault's Sliding Fee program is determined based upon annual income and household size. A discounted fee will be charged per visit to all eligible patients according to income guidelines. This form must be completed every 12 months or if your financial situation changes.

PATIENT INFORMATION

Patient Name: _____ Date: _____

Preferred Name: _____

Date of Birth: _____ Social Security #: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Preferred Contact Phone: Home Cell

Marital Status: Single Married Divorced Separated

Do you have health insurance? Yes No

Insurance Company: _____

Policy Number: _____



HOUSEHOLD SIZE

NAME	DATE OF BIRTH

ANNUAL HOUSEHOLD INCOME

SOURCE	SELF	SPOUSE	OTHER	TOTAL
Gross wages, salaries, tips, etc.	\$	\$	\$	\$
Income from business, self-employment, and dependents	\$	\$	\$	\$
Unemployment compensation, workers' compensation, social security, SSI, public assistance, veterans' payments, survivors benefits, pension or retirement income	\$	\$	\$	\$
Interest, investments, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other taxable income	\$	\$	\$	\$
TOTAL	\$	\$	\$	\$

Note: Noncash benefits (such as food stamps and housing subsidies) do not count as income. Copies of tax returns, pay stubs, or other information verifying income may be required before assistance is approved.

Indicate if this is a self-declaration of income:

- Self-declaration of income
- Self-declaration of zero income (must complete corresponding form)



INCOME ELIGIBILITY CHART 2021

TheraVault staff will calculate your total annual household income and use that figure to determine your level of discount. The following chart is for your reference.

Poverty Level	100%-135%	136%-185%	186%-200%
	\$75	\$100	\$125
Total Household Size	Total Household Income	Total Household Income	Total Household Income
1	Under 13,590 to 18,347	18,348 to 25,142	25,143 to 27,180
2	Under 18,310 to 24,719	24,720 to 33,874	33,875 to 36,630
3	Under 23,030 to 31,091	31,092 to 42,606	42,607 to 46,060
4	Under 27,750 to 37,463	37,464 to 51,338	51,339 to 55,550
5	Under 32,470 to 43,835	43,836 to 60,070	60,071 to 64,940
6	Under 39,190 to 50,207	50,208 to 68,802	68,803 to 74,380
7	Under 41,910 to 56,579	56,580 to 77,534	77,535 to 83,820
8	Under 46,630 to 62,951	62,952 to 86,266	86,267 to 93,260
9	Under 51,350 to 69,323	69,324 to 94,998	94,999 to 102,700
10	Under 56,070 to 75,695	75,696 to 103,730	103,731 to 112,140
11	Under 60,790 to 82,067	82,068 to 112,462	112,463 to 121,580
12	Under 65,510 to 88,439	88,440 to 121,194	121,195 to 131,020

TheraVault LLC Sliding Fee Scale



I CERTIFY THAT THE HOUSEHOLD SIZE AND INCOME INFORMATION SHOWN ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF ANY OF THE INFORMATION I HAVE SUBMITTED IS DETERMINED TO BE FALSE, I MAY NO LONGER BE ELIGIBLE FOR THE SLIDING FEE DISCOUNT. SHOULD THIS OCCUR, I MAY BE RESPONSIBLE FOR ANY OUT OF POCKET EXPENSES.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Approved Sliding Fee Discount:

- \$75
- \$100
- \$125

Comments:

VERIFICATION CHECKLIST:

IDENTIFICATION:

PROOF OF ADDRESS:

PROOF OF INCOME:

INSURANCE INFORMATION:

Approved By: _____ Date: _____