



2520 E Palmdale Blvd Suite A
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What is a Sliding Fee Schedule?

A discounted/sliding fee schedule is a set of discounts that is applied to a site's schedule of charges for services, based upon a written policy that is non-discriminatory. The fee schedules address the need for equitable charges for services rendered to patients. To determine the Sliding Fee Schedule, you qualify for we use your annual gross income to calculate the Federal Poverty Level (PFL) according to the most recent Federal Poverty Guidelines, to view the most recent FPL visit the website:

<http://aspe.hhs.gov/poverty/index.cfm>

We can provide a copy of the current Sliding Fee Schedule upon request.

Why a Sliding fee Schedule?

Federal requirements prescribe that a locally determined discounted/sliding fee schedule be used, and that services be provided either at no fee or a nominal fee, as determined by the provider.

How do I apply for Discount/Sliding Fee Schedule?

Bring proof if you qualify for a federal/state public assistance program, for example:

1. Social Security Disability Income (SSDi).
2. Temporary Assistance for Needy Families (TANF).
3. Free or reduced school lunch program.
4. Other public assistance programs.

If you are uninsured and want to apply you must fill out an application and provide the following information:

- **(original) current proof of income** (pay stubs not older than 30 days, w-2 or 1099, tax returns),
- **dependent(s) information** (Name, date of birth, and relation).

With this information, we can help you fill out the application and we will let you know that same day what Sliding Fee Schedule you qualify for.

***Sliding Fee Schedule is reviewed and updated every year from the date of enrollment.**

FOR STAFF USE ONLY. APPLICANT IS APPLYING FOR:

<input type="checkbox"/>	SLIDING FEE SCALE MEDICAL /PODIATRY
<input type="checkbox"/>	SLIDING FEE SCALE BEHAVIORAL HEALTH
<input type="checkbox"/>	SLIDING FEE SCALE SPECIALTY /OBGYN/PSYCHIATRY
<input type="checkbox"/>	SLIDING FEE SCALE RYAN WHITE



I declare that the foregoing is true and correct.

Client Name

Client Signature

Date

☐ Applicant/Self

Dependents

Name: _____	Date of Birth: _____	Relation: _____
Name: _____	Date of Birth: _____	Relation: _____
Name: _____	Date of Birth: _____	Relation: _____
Name: _____	Date of Birth: _____	Relation: _____
Name: _____	Date of Birth: _____	Relation: _____

Family unit size (including self): _____

For Office Use Only

Annual Gross Income: \$ _____

Affidavit: _____ Affidavit of Income _____ Support Affidavit _____ **No Income** Affidavit _____ Self Employment

Proof of income

<input type="checkbox"/> Paystub	<input type="checkbox"/> Award Letter	<input type="checkbox"/> 1099 Form	<input type="checkbox"/> Tax Return	<input type="checkbox"/> w-2 Form
<input type="checkbox"/> Disability	<input type="checkbox"/> Cash Aid/Calfresh	<input type="checkbox"/> Other Income: _____		

<input type="checkbox"/> Alimony	<input type="checkbox"/> Child Support	<input type="checkbox"/> Social Security	<input type="checkbox"/> TANF	<input type="checkbox"/> General Relief (GR)
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% Of FPL: _____ Sliding Fee Schedule: _____ Copay: \$ _____

BACHC Staff Name

BACHC Staff Signature

SLIDING FEE SCALE CALCULATION SHEET

CALCULATIONS ARE USED TO DETERMINE THE YEARLY INCOME

MONTHLY

_____ X 1 = _____

_____ X 12 = _____

FAMILY UNIT SIZE

(INCLUDING SELF) _____

SLIDING FEE SCALE COPAY _____

SFS (PLEASE CIRCLE): A B C D E F

WEEKLY

_____ X 4.33 = _____

_____ X 12 = _____

FAMILY UNIT SIZE

(INCLUDING SELF) _____

SLIDING FEE SCALE COPAY _____

SFS (PLEASE CIRCLE): A B C D E F

BI-WEEKLY

_____ X 2.167 = _____

_____ X 12 = _____

FAMILY UNIT SIZE

(INCLUDING SELF) _____

SLIDING FEE SCALE COPAY _____

SFS (PLEASE CIRCLE): A B C D E F

SEMI-MONTHLY

_____ X 2 = _____

_____ X 12 = _____

FAMILY UNIT SIZE

(INCLUDING SELF) _____

SLIDING FEE SCALE COPAY _____

SFS (PLEASE CIRCLE): A B C D E F

FOR STAFF USE ONLY

BACHC STAFF: _____ BACHC SUPERVISOR _____

DATE ____/____/____

PLEASE ATTACH FORM TO THE SLIDING FEE SCALE APPLICATION