tandem health

Sliding Fee Scale Application

(Please Return This Application within 10 Days to Avoid Denial of Application)

Name: _____ _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No: _____ Alternate No: _____ DOB: _____

Monthly Household Income: $_____ Household Size: _____

Please list all household member, work/school status, and date of birth. *Be sure to include yourself.*

	Name:	Work/School Status (optional):	Date of Birth:
1.			
2.			
3.			
4.			
5.			
6.			

The following items must be brought in to determine eligibility:

Income Documentation
(Please Check All That Apply)

- Last two (2) Payroll Check Stubs: ☐ YES ☐ NO
  Date: ____/____/____ Weekly $_____
  Bi-weekly $_____
  Monthly $_____
- Proof of all household income by any other source (child support, etc.): ☐ YES ☐ NO
- Public Assistance Award Letter: (Housing, Food Stamps, etc.) ☐ YES ☐ NO
- SS √ Stub or Benefits Statement ☐ YES ☐ NO
- Other (Migrant Worker, etc.): _____

Identification Documentation
(Two items required)

- Social Security Card: ☐ YES ☐ NO
- Birth Certificate: ☐ YES ☐ NO
- Picture ID: ☐ YES ☐ NO
- Voter Registration: ☐ YES ☐ NO
- Visa/Work Permit: ☐ YES ☐ NO
- Passport: ☐ YES ☐ NO
- Other: ☐ YES ☐ NO

***Note: Proof of date of birth required.**

Tandem Health Medical Record ID:

Regardless of discount determined, a Nominal Fee is required at the time services are rendered.
If you do not provide the appropriate documentation you are responsible for the entire amount of the "BALANCE DUE".
In the event my income changes or I obtain insurance, I will notify Tandem Health immediately.
I authorize Tandem Health to disclose my financial information in the event of a third party audit.
In compliance with Federal laws, I certify that the information I have submitted it TRUE.

Applicant's Signature: _____ **Date:** _____

Additional Household Member (Age 18 & Older): _____ **Date:** _____

Tandem Health Use Only

Approved: _____ **Decline:** _____ **Level:** _____ **Not Approved:** _____ **Review Date:** _____ **Reviewed By:** _____

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