

2017 VGMHC DISCOUNT ELIGIBILITY & INCOME VERIFICATION

Income Verification to Apply for Fee Discount

I understand that in order to receive a sliding fee discount that I must provide adequate verification of my household's income. I understand the information I provide on this form is subject to verification by VGMHC. If found to be false I may be responsible for services rendered at 100% of charges. By signing this form I am verifying that this information is true and accurate to the best of my ability. I will notify the facility within 6 months of any changes in income, insurance, or household size. I consent to the release of my information to pharmaceutical manufacturers or their designees for auditing purposes.

Signature of Patient/Legal Representative

Date

VGMHC Representative

Scale:

VGMHC STAFF ONLY: **Check if Household Income is for Data Collection Purposes Only:**
 Check this box when the patient has state/public insurance and the income information is for data collection only and not for a sliding fee discount. In these cases you do not need names of household members, only the family size and monthly income. Patients with private/commercial insurance who wish to receive a discount on their co-pay must provide proof of income. *All financial information is kept confidential.*
Other reasons for self-declaring (check one): SSI MSFW HMLS UI/U PIC
Describe source of income if self-declaring and uninsured: _____

To Patient/Legal Representative:

Use the table below to find the row that lists the number of people living in your household. In this row, circle your household's monthly income before taxes.

Family Size	Monthly Income Less than or = to:	Monthly Income	Monthly Income	Monthly Income	Monthly Income Greater than or = to:
% Poverty level	100%	101% - 125%	126% - 150%	151% - 200%	201% - 250%
1	\$1,005.00	\$1,005.01- \$1,266.20	\$1,266.21- \$1,507.50	\$1,507.51- \$2,010.00	\$2,010.01- \$2,512.50
2	\$1,353.33	\$1,353.34- \$1,705.06	\$1,705.07- \$2,030.00	\$2,030.01- \$2,706.66	\$2,706.67- \$3,383.33
3	\$1,701.66	\$1,701.67- \$2,143.92	\$2,143.93- \$2,552.49	\$2,552.50- \$3,403.32	\$3,403.33- \$4,254.15
4	\$2,050.00	\$2,050.01- \$2,582.80	\$2,582.81- \$3,075.00	\$3,075.01- \$4,100.00	\$4,100.01- \$5,125.00
5	\$2,398.33	\$2,398.34- \$3,021.66	\$3,021.67- \$3,597.50	\$3,597.51- \$4,796.66	\$4,796.67- \$5,995.83
6	\$2,746.66	\$2,746.67- \$3,460.52	\$3,460.53- \$4,119.99	\$4,120.00- \$5,493.32	\$5,493.33- \$6,866.65
7	\$3,095.00	\$3,095.01- \$3,899.39	\$3,899.40- \$4,642.50	\$4,642.51- \$6,190.00	\$6,190.01- \$7,737.50
8	\$3,443.33	\$3,443.34- \$4,338.25	\$4,338.26- \$5,165.00	\$5,165.01- \$6,886.66	\$6,886.67- \$8,608.33
9	\$3,791.66	\$3,791.67- \$4,777.11	\$4,777.12- \$5,687.49	\$5,687.50- \$7,583.32	\$7,583.33- \$9,479.15
10	\$4,140.00	\$4,140.01- \$5,215.99	\$5,216.00- \$6,210.00	\$6,210.01- \$8,280.00	\$8,280.01- \$10,350.00
	If over 10 people: add for each person \$348.33	\$ _____			

Optional Requesting a Discount:

List your name and the name(s) of ALL individuals that live with you:

Household Members	Names	Date of Birth
Self		
Spouse		
Other:		