



CAPITOL CITY FAMILY HEALTH CENTER, INC.

Please list the Total Number of related persons living in your household: _____

Any one (1) of the following documents may be used to verify income and to determine eligibility for sliding fee:

1. Pay Stubs (two weeks)
2. SSI/SSDI approval letter
3. Medicaid/Bayou Health Plan card
4. TANF/SNAP card or approval letter
5. Tax Returns
6. Other forms of income verification listed on the Self-Declaration Form

I certify that the family size and income information shown above is correct. Copies of tax returns, pay stubs, and other information verifying income may be required before the discount is approved. I understand that income must be verified every year and new application will be required.

I further certify that I have informed that I will be charged at 100% for my visit if I do not present required household income to qualify for a sliding fee scale discount.

Patient Name: _____ Discount: _____

Date of Service: _____ Approved by: _____

For Office Use Only

Sliding Fee Scale

Medical

Slide A: \$25.00

Slide B: 20% of Office Visit Fee

Slide C: 40% of Office Visit Fee

Slide D: 60% of Office Visit Fee

Slide E: 80% of Office Visit Fee

Dental

Slide A: \$25.00

Slide B: 20% of Office Visit Fee

Slide C: 40% of Office Visit Fee

Slide D: 60% of Office Visit Fee

Slide E: 80% of Office Visit Fee



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SELF DECLARATION OF INCOME

I certify that my income for the period of _____ to _____
was \$ _____. I have no documentation to support this amount for the following reason (s):

I will send documentation of my income in form in the form of _____
within three (3) business days from the date of service which is _____.

OR

I certify that I do not have any income on the date of service: _____.

I understand that it is my sole responsibility to report any changes to my income to CCFHC.

I declare under penalty of perjury and the laws of the State of Louisiana that the statements above are true
and correct to the best of my knowledge.

Patient/Guardian

Date

Staff Member

Date

Please Note: CCFHC accepts the following items for income verification: Most recent check stub (s), Letter from employer stating wages, Food Stamp Statement, Copy of AFCD (welfare) payments or award letter, social security, disability, pensions, annuity, veteran's payments, net business or self-employment, alimony, child support, military, copy of worker's compensation check, and an Income Verification Form from the Louisiana Job Service Office indicating no income.