

The Rinehart Clinic Sliding Fee Application

Office Use Only			
Eff Date _____	Review Date _____	Staff _____	Co-pay \$ _____

It is the policy of the Rinehart Clinic to provide health care services regardless of ability to pay. Discounts are offered depending upon family income and number of household members. You must reapply for the discount every year.

Please list everyone living in your household at this time.

	FIRST AND LAST NAME	DATE OF BIRTH
Self		
Spouse/Partner		
Dependent		
Dependent		
Dependent		
Dependent		
Dependent		
Dependent		

Please list your yearly household income

Income includes: Gross wages, salaries, tips, social security, pensions, annuities, veteran’s payments, alimony, child support, military family allotments, income from rentals, interest, dividends, and other income along with self employment or seasonal income.

Please remember you must provide proof of income before any discount will be applied to your account. The most common proof of income are W-2s, tax returns, paycheck stubs, unemployment benefits report, Social Security award letter or bank statement showing direct deposit. We are willing to take other proof on a case-by-case basis.

Source of Income	Self	Spouse	Other	Total

I certify that the family size and income information shown above are correct. I understand that before a discount will be applied to my account I will need to bring in proof of income. I understand that I must reapply for the discount every year.

Legal Name (Please print)	Signature	Date
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This discount will apply to fees for services provided by the Rinehart Clinic. Other services, such as laboratory, audiology, x-ray interpretation, echocardiograms, and carotid ultrasounds, are billed directly by third parties.

OHP Standard Reservation List – Uninsured adults interested in applying for OHP need to be added to a reservation list. DHS will randomly select names from the list on a regular basis and mail OHP Standard applications.

I authorize The Rinehart Clinic to add me to the OHP Standard Reservation List:

Adult in Household Name _____ Signature _____

Adult in Household Name _____ Signature _____