



Eastern Shore Rural Health System, Inc. Sliding Fee Application

Proof of income is required to process this application.

Name: _____ **Date of Birth:** _____

Mailing Address: _____ **City/State:** _____

Zip: _____ **Telephone #:** _____ **Cell Phone #** _____

Name of Medical Insurance _____ **Dental insurance:** _____

Do you or anyone listed on this application have any of the following? (Please circle.) If yes, attach proof.

- | | | | |
|-----------------|----------------|--------------------|--------------------|
| Medicaid | Medicare | Famis Medicaid | NET Business |
| Social Security | SSI | Unemployment | Rental Income |
| ADC | General Relief | Alimony | Military Allotment |
| Child Support | Disability | Family Support | Dividends |
| SNAP Benefits | Interest | Pension/Retirement | Other |

Employer: _____ **Work #:** _____
Pay cycle ___ Weekly ___ 2 Wks ___ 2 Monthly ___ Monthly ___ Other

Employer: _____ **Work #:** _____
Pay cycle ___ Weekly ___ 2 Wks ___ 2 Monthly ___ Monthly ___ Other

Household Wages: _____ **Number of persons supported by this income:** _____

Dependent Family Members:	Date of Birth:	Relationship to Applicant:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that the above information is true. I have read and understand the sliding fee benefit information on the back of this form. The only income I have is correctly stated above. If any changes occur I will immediately notify the billing office.

Signature: _____ **Date** _____

Office Use Only
Total Annual Income _____ SF Type _____ Account #: _____

Interviewer: _____ Date: _____

**Please read and sign this form and return it to one of our centers.
Please see reverse side.**

CORPORATE OFFICE

20280 Market Street
Onancock, VA 23417
757-414-0400
Fax 757-414-0569
Billing 757-414-0431
www.esrh.org
E-mail: info@esrh.org

COMMUNITY HEALTH CENTERS

Atlantic CHC
757-824-5676

Chincoteague Island CHC
757-336-3682

Eastville CHC
757-331-1086

Franktown CHC
757-442-4819

Onley CHC
757-787-7374

SCHOOL DENTAL PROGRAMS

Kiptopeke Elementary
757-331-1048

Metompkin Elementary
757-665-1159

Nandua Middle
757-787-3494

Ocohanneck Elementary
757-331-1048

Pungoteague Elementary
757-789-7777

ATLANTIC COMMUNITY PHARMACY

757-824-4477
esrhrx.org

EXPRESS CARE

757-787-1465
expresscare.esrh.org

Eastern Shore Rural Health offers a sliding fee or discount due to a government program. Below is a brief summary explaining your benefits. Please read the following information. If you have questions or concerns, please feel free to ask us.

Your income and family size determine your discount. If there are any changes to your income or family size, please contact our office.

What you will pay per visit:

Medical/ Behavioral Health visits: \$20.00, \$30.00, \$35.00 or \$40.00.

Dental/Express Care/ Hospital Visits: \$35.00, \$50.00, \$55.00 or \$65.00.

RX 30 Day Supply: \$1, \$3, \$4, \$5.

RX 60 Day Supply: \$3, \$6, \$8, \$10.

RX 90 Day Supply/CSB Transportation: \$5, \$9, \$12, \$15.

Sliding fee may be approved for up to one year at a time.

Your discount is valid at all Eastern Shore Rural Health locations.

One month before your sliding fee expires; **you will need** to contact our office to complete a new application and provide your current POI.

The following can be turned in as proof of Income. We may request additional information for proof of income.

- Most recent tax return
- Most recent check stub (2 are required)
- Monthly Retirement
- Monthly Disability (Can obtain a print out from Disability Office)
- Medicaid or Famis for the person applying
- Monthly Social Security (Can obtain a print out from Social Security Office)
- Monthly assistance such as food stamps (Can obtain a print out from Social Services)
- Letter from person helping with monthly support (signed and dated)

Please call if there are questions about other possibilities.

YOU MUST PAY YOUR COPAY AT THE TIME OF YOUR VISIT.

By signing below, you give ESRH permission to share this information with other health care agencies to which you may be referred, that also offer discount programs.

Name

Date