



NHSC Sliding Scale Application

NHSC-Approved Sites offer sliding scale fee discount program. Sliding scale eligibility requirements is based on income and family size and no other factors.

*Available to all individuals and families with annual incomes below 200 percent of the most current federal poverty guidelines.

*To qualify for 100% full discount an individual or family shall have an annual income at or below 100% of the most current federal poverty guidelines.

* Fees will be adjusted based on the family size and income for individuals and families with incomes above 100% of the most current federal poverty guidelines.

Name: _____ Date of Birth: / /

Number of household members: _____

Do you or someone in your household have income? YES NO

What is the total annual income for your household? \$ _____

Signature: _____

Date Application Received: / / Approved: YES NO

Proof of Income Received? Sliding Scale Percentage: %

Reviewed by: _____

Approved by: _____

Entered into patient account by: _____ Date: / /

<https://www.fmc-cares.com/non-discrimination/>

<https://www.fmc-cares.com/services/financial-counseling/>