



Sliding Fee Schedule Verification

If you wish to participate in our sliding fee program, we must ask you personal questions regarding income and financial status. If you do not wish to share this information, we must charge you the full non-discounted rate for all services. Income must be verified every six months or whenever a significant change in income occurs.

This information will be kept in secure files and held in strict confidence. We will NOT share this information with any other person or agency without first obtaining your specific permission to do so.

You must provide proof of income for each and every family member to participate in the sliding fee program.

Please list the names and personal data for each household member below.

Name	Date of Birth	Social Security No.	Income
<i>Jane B. Doe</i>	<i>06/06/78</i>	<i>555-12-1212</i>	<i>\$12,345 / year</i>

Total in Family: _____ Total Family Income: _____

I realize that a Healthy Connections, Inc. employee may request an update on my family's income at any time. Withholding of family income information may result in denial of discounts for applicable community health center services.

I certify that the above information is true and correct. I further understand that if I fraudulently misstate my income information, I am subject to the penalty of law and am knowingly denying needed medical care to a person in need.

Signature: _____ Date: _____

No person shall be excluded from participating in, be denied the benefit of, or otherwise subject to discrimination from Healthy Connections, Inc. programs on the grounds of race, color, national origin, age, gender or physical status.



136 Health Park Drive-PO Box 1848
Mena, Arkansas 71953
Phone: (479) 437-3449
Fax: (479) 437-3708

534 Luzerne Street
Mount Ida, Arkansas 71957
Phone: (870) 867-4244
Fax: (870) 867-4254

If you wish to qualify for the sliding fee scale offered to patients of Healthy Connections, please be prepared for your financial interview by having the following items with you. **Make sure you arrive on time for your Financial Counselor appointment as scheduled by the Front Desk or Financial Counselor.**

1. _____ Names of all the members of your household.
2. _____ Social Security numbers for each person.
3. _____ Birth dates for each person.
4. _____ Proof of income. (Pay stubs for the last three months or you may use your award letter to show federal social security, disability, or state deposits.) Any other proof must be pre-approved. If you have no proof of all the above, you will be charged full price for services. A verbal declaration of income is not acceptable.

Please do not drop these items off. You must meet with the Financial Counselor every 6 months to update your file.

If you have questions concerning any of the above requirements or to schedule a time to meet with the Financial Counselor, please call 479-437-3449 x 145 for the Mena Clinic or 870-867-4244 x 115 for MCCC, Monday through Thursday from 8:00am to 6:00pm.