

## ECP Hospital & Clinics Sliding Fee Scale Form

Patient Information			Today's Date: / /		
First Name:	Middle:	Last:	Other names:		
Home Address:		City:	State:	Zip:	
Mailing Address:		City:	State:	Zip:	
Home Phone #: ( ) -		Cell Phone #: ( ) -			
Date of Birth: / /	Social Security # - -	Legal Sex: <b>Male</b> <b>Female</b>			
Do you have insurance? <b>Yes No</b>	Marital Status: <b>Single</b> <b>In a relationship</b> <b>Married</b> <b>Divorced</b> <b>Separated</b> <b>Widowed</b>				

Dependents		
Name	Date of Birth	Social Security Number
	/ /	- -
	/ /	- -
	/ /	- -
	/ /	- -
	/ /	- -

**NOTE:** To comply with federal regulations, in order to give you a discount on our medical services, it is necessary for us to ask some personal questions. Your answers will be kept on file and in strict confidence. You must verify your income every year.

**Required documents:** Current Driver's license or State ID, insurance card(s), recent income tax return, a copy of your W-2 form, last month's paycheck stubs, copies of your social security checks, or other checks you may receive will be sufficient proof. \*You must verify your income every year.

Household Income					
Name	Amount	Frequency (Circle one)	Employer:		
You	\$	Weekly Monthly Yearly			
Spouse	\$	Weekly Monthly Yearly			
Children	\$	Weekly Monthly Yearly			
Other	\$	Weekly Monthly Yearly			
	\$	Weekly Monthly Yearly			
<b>TOTAL</b>	\$	Weekly Monthly Yearly			

  

Other Income	You	Spouse	Children	Other	Subtotal
Social Security					
Public Assistance					
Retirement Pension					
Food Stamps					
Child Support, Alimony					
Interest Income					
Other					
				<b>TOTAL</b>	\$

**Sliding Fee Scale:**

**A – \$10 Minimum Payment**

**B – 80% Discount**

**C – 60% Discount**

**D – 40% Discount**

**E – 20%Discount**

**\*\* Please provide receptionist with insurance cards. \*\*Add additional dependents on back.**

“This is an equal opportunity provider.”

I do hereby swear or affirm that the information provided on this application is true and correct to the best of my knowledge and belief. I agree that any misleading or falsified information, and/or omissions may disqualify me from further consideration for the sliding fee program and will subject me to penalties under Federal Laws which may include fines and imprisonment. I further agree to inform East Carroll Parish Hospital if there is a significant change in my income. If acceptance to the sliding fee program is obtained under this application, I will comply with all rules and regulations of East Carroll Parish Hospital. I hereby acknowledge that I read the foregoing disclosure and understand it.

Date: \_\_\_\_\_

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

<b>**For ECPH Central Billing Use Only**</b>	
Application approved for Sliding Fee Scale (SFS) letter will be mailed to applicant:    Yes      No	
Patient Responsibility: _____	
Effective Date: _____	Termination Date: _____
Date: _____	
_____ Belynda Martin, RN, Central Billing Manager	

Additional Dependents		
Name	Date of Birth	Social Security Number
	/ /	- -
	/ /	- -
	/ /	- -
	/ /	- -
	/ /	- -

## 2021 HHS Poverty Guidelines

Number of Persons in Family or Household	48 Contiguous States and D.C.	Alaska	Hawaii
1	\$12,880	\$16,090	\$14,820
2	\$17,420	\$21,770	\$20,040
3	\$21,960	\$27,450	\$25,260
4	\$26,500	\$33,130	\$30,480
5	\$31,040	\$38,810	\$35,700
6	\$35,580	\$44,490	\$40,920
7	\$40,120	\$50,170	\$46,140
8	\$44,660	\$55,850	\$51,360
For each additional person, add	\$4,540	\$5,680	\$5,220

### There are two slightly different versions of the federal poverty measure: poverty thresholds and poverty guidelines.

The **poverty thresholds** are the original version of the federal poverty measure. They are updated each year by the **Census Bureau**. The thresholds are used mainly for **statistical** purposes — for instance, preparing estimates of the number of Americans in poverty each year. (In other words, all official poverty population figures are calculated using the poverty thresholds, not the guidelines). [Poverty thresholds since 1973 \(and for selected earlier years\)](#) and [weighted average poverty thresholds since 1959](#) are available on the Census Bureau’s Web site. For an example of how the Census Bureau applies the thresholds to a family’s income to determine its poverty status, see “[How the Census Bureau Measures Poverty](#)” on the Census Bureau’s web site.

The **poverty guidelines** are the other version of the federal poverty measure. They are issued each year in the Federal Register by the **Department of Health and Human Services** (HHS). The guidelines are a simplification of the poverty thresholds for use for **administrative** purposes — for instance, determining financial eligibility for certain federal programs. The poverty guidelines are sometimes loosely referred to as the “federal poverty level” (FPL), but that phrase is ambiguous and should be avoided, especially in situations (e.g., legislative or administrative) where precision is important.

Key differences between poverty thresholds and poverty guidelines are outlined in a table under [Frequently Asked Questions](#) (FAQs). See also the [discussion of this topic](#) on the Institute for Research on Poverty’s web site.

The January 2021 poverty guidelines are calculated by taking the 2019 Census Bureau’s poverty thresholds and adjusting them for price changes between 2019 and 2020 using the Consumer Price Index (CPI-U). The poverty thresholds used by the Census Bureau for statistical purposes are complex and are not composed of standardized increments between family sizes. Since many program officials prefer to use guidelines with uniform increments across family sizes, the poverty guidelines include rounding and standardizing adjustments.

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