



# Help for Healing Fund

*Because Everyone's Health Matters*

## SLIDING FEE APPLICATION

Date of Application \_\_\_\_\_

The Natural Care Center is committed to providing affordable, high quality health services to eligible individuals; discounted fees are based on individual/household annual income, age and military status. Please complete the following information and return it to the Natural Care Center along with proof of income, age or military status to determine eligibility for a sliding discount fee. Should your income change, you are responsible for providing updated proof in the respective areas.

The following proofs are acceptable:

Photo ID and proof of address	W-2 withholding statement
1 month of most recent pay check stub or letter of salary	Pension
If you're married, please bring your spouse's pay stub	License if verifying age 65+
Income eligibility forms from Medical Assistance	Military card or papers to verify active status
If you receive unemployment, or SSI, please bring the documents to show how much you receive	
Temporary Disability Assistance Program (TDAP) award letter	

Applicant Name \_\_\_\_\_

Were you referred by a student intern?  Yes  No If so, name of student \_\_\_\_\_

Treatment requested (check one below):

- Acupuncture
- Chinese Herbal Medicine
- Nutrition
- Western Herbal Medicine
- Yoga Therapy

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home/Cell Number \_\_\_\_\_ Work Number \_\_\_\_\_

Total Persons in Household (Applicant, Spouse and Dependents under 18) \_\_\_\_\_

Yearly Household Income before taxes (include income for all counted above): \$ \_\_\_\_\_

Note: include income for all members of the household from all sources including gross wages, tips, social security, disability, pension, annuities, net business or self-employment, active military duty verification, unemployment and public aid.

I certify that the documentation above is correct to the best of my knowledge. I understand that if this information is determined to be false, I may be required to pay for any charges previously covered by my sliding discount fee at the Natural Care Center. A sliding discount fee is valid for 1-year from the effective date unless there is a change of income, age or military status. All payments are due at the time of service.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Office Use Only**

<b>Eligibility Criteria</b>	
<input type="checkbox"/> Photo ID and proof of address Plus one or more of the following:	
<input type="checkbox"/> One month of most recent pay check stub or letter of salary	
<input type="checkbox"/> Spouse pay check stub	
<input type="checkbox"/> Income eligibility forms from medical assistance	
<input type="checkbox"/> Unemployment pay check stub	
<input type="checkbox"/> Social Security (SSI) Documents	
<input type="checkbox"/> Temporary Disability Assistance Program award letter (TDAP)	
<input type="checkbox"/> W2 Withholding Statement	
<input type="checkbox"/> Pension Documents	
<input type="checkbox"/> License if verifying age 65 plus	
<input type="checkbox"/> Military Card or documents	
VP, CFO Name _____	VP, CFO Signature _____
Referred by _____	
Requested Discipline: <input type="checkbox"/> Acupuncture <input type="checkbox"/> Chinese Herbal Medicine <input type="checkbox"/> Acupuncture/Chinese Herbal Medicine <input type="checkbox"/> Western Herbal Medicine <input type="checkbox"/> Nutrition Therapy <input type="checkbox"/> Yoga Therapy	
Patient Responsibility:    Initial \$ _____    Followup \$ _____    # visits _____	
Patient Notified via: <input type="checkbox"/> phone <input type="checkbox"/> in-person <input type="checkbox"/> email <input type="checkbox"/> other                      Date _____	
Effective Date _____	Expiration Date _____
NCC Representative Name _____	
NCC Representative Signature _____	

**Maryland University of Integrative Health**  
 Natural Care Center  
 7750 Montpelier Road, Laurel, MD 20723  
 www.muhih.edu  
 410-888-9048 ext. 6614    ncc@muhih.edu