# 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. *Please allow 7 business days to process application before notification.*

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 ID card or papers to verify military service |
| If you receive unemployment, or SSI, please bring the documents to show how much your receive | DD214 or veterans ID card to verify veteran status |
| 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 ☐ Yoga Therapy

Social Security Number ______________________ Date of Birth ______________________

Address ______________________ Email 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

| Financial Need | Senior Status | Military |
|---|---|---|
| ☐ **Photo ID and proof of address**<br>Plus one or more of the following:<br>☐ One month of most recent pay check stub or letter of salary<br>☐ Spouse pay check stub<br>☐ Income eligibility forms from medical assistance<br>☐ Unemployment pay check stub<br>☐ Social Security (SSI) Documents<br>☐ Temporary Disability Assistance Program award letter (TDAP)<br>☐ W2 Withholding Statement<br>☐ Pension Documents | ☐ License if verifying age 65 plus | ☐ Military ID card or papers<br>☐ DD214 or veterans ID card to verify veteran status |

☐ Tier 1 ☐ Tier 2 ☐ Tier 3

VP, CFO Name ______________________ VP, CFO Signature ______________________

Referred by ______________________________________________

Requested Discipline: ☐ Acupuncture ☐ Chinese Herbal Medicine ☐ Acupuncture/Chinese Herbal Medicine ☐ Nutrition Therapy ☐ Yoga Therapy

Patient Responsibility: Initial $__________ Followup $__________ # visits __________

Patient Notified via:
☐ phone ☐ in-person ☐ email ☐ other Date ______________________

Effective Date ______________________ Expiration Date ______________________

NCC Representative Name ______________________________________

NCC Representative Signature______________________________________

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