



Sliding Scale Application 2024

Name *

Household size including yourself and anyone you share living expenses with such as dependents, a partner, or a head of household who claims you as a dependent. *

Annual Income before taxes: *

Recent changes in income or living situation? *

Please choose the options that best fit your current circumstances. If your situation changes, please let me know, and you can complete a new form.

***Basic needs include:**

include food, housing, health care, and transportation.

****Expendable income:**

might mean you are able to buy coffee or tea at a shop, go to the movies or a concert, buy new clothes, books, and similar items each month, etc.

Are you able to meet your basic needs*? *

I am comfortably able to meet all of my basic needs.

I may stress about meeting my basic needs but still regularly achieve them.

I frequently stress about meeting basic needs & don't always achieve them.

What is your status of debt? *

I may have some debt but it does not prohibit attainment of basic needs.

I may have some debt but it does not prohibit attainment of basic needs.

I have debt and it sometimes prohibits me from meeting my basic needs

What is your living situation? *

I own my home or property OR I rent a higher-end property.

I own my home or property OR I rent a higher-end property.

I rent lower-end properties or have unstable housing

What is your transportation situation? *

I own or lease a car.

I own or lease a car.

I do not have a car and/or have limited access to a car but I am not always able to afford gas.



What is your income situation? *

I do not need to work to meet my needs.

I am employed.

I am unemployed or underemployed.

What is your access to health insurance? *

I have private health insurance.

I am on state/federal health insurance.

I do not have health insurance.

Do you have financial savings? *

I have access to financial savings.

I might have access to financial savings.

I have no access to savings.

Do you have expendable income**? *

I have an expendable income.

I have some expendable income.

I have no or very limited expendable income.

When you make a purchase, do you purchase new or used items? *

I can always buy new items.

I am able to buy some new items & I thrift others.

I rarely buy new items because I am unable to afford them.

Do you take vacations? *

I can afford an annual vacation or take time off.

I can take a vacation annually or every few years without financial burden.

I cannot afford a vacation or have the ability to take time off without financial burden.

I affirm that the answers given above are accurate to the best of my knowledge and understanding. I also understand that if my circumstances change, I may complete a new sliding scale application in light of these new changes. I agree to Dr. Currey's judgement in the sliding scale percentage rate that she determines best fits my situation and will reflect current federal poverty guidelines. I understand that a sliding scale offer will be made for a 6 month period after which my situation will be re-evaluated. *

Yes No

PATIENT SIGNATURE

Sliding scale discounts are offered on out of pocket expenses related to care that are not covered by your insurance and based upon a combination of your income and circumstances. Income is given primary consideration with circumstances adjusting final sliding scale offer as relevant.



Current sliding scale tiers:

0% Income 250% or greater than federal poverty guidelines (FPG)

10% Income between 225 and 250% of FPG

15% Income between 200 and 225% FPG

20% Income between 175 and 200% FPG

25% Income between 150 and 175% FPG

30% Income between 125 and 150% FPG

35% Income between 100 and 125% FPG

40% Income between 75 and 100% FPG

45% Income between 50 and 75% FPG

50% Income below 50% FPG