



Sliding Fee Discount Instructions

Attached is an application for a discount of services based on your available resources. Please complete the application and return it to Axis Health System. Applications can be returned at any of our locations, mailed to PO Box 1328, Durango, CO 81302-1328 or faxed to 970-335-2440.

The Billing Department will finalize completed applications within two business days and a letter regarding the outcome will be sent to your current address on file. Your income and the size of your family/household are the only factors considered for discounted services.

- Family will refer to a group of two or more people related by birth, marriage (including same sex marriage) adoption and includes foster care or legal guardianships for those who reside together.
- Household will refer to households maintained by a family (as defined in previous sentence) including non-family members that contributed income to support the family/patient in the last calendar year.
- Income is defined as money received from: wages, unemployment compensation, worker’s compensation, Social Security, public assistance, veteran’s payments, pension benefits, retirement income, investment income, alimony, child support, assistance from outside the household and other income and earning sources. Noncash benefits such as food stamps and housing subsidies are not considered income.

In the event of a denied application, you may reapply if there has been a change in circumstances making you eligible for assistance.

Below are examples that can be accepted as proof of income. Should you not have proof of income at today’s service, please provide it within two weeks so your charges may be handled properly.

****Please be aware that any future charges will be considered full fee until your application is approved. If proof of income is submitted and your application is approved, these charges can be adjusted as needed****

INCOME REQUIREMENTS: Patient must produce family/household proof of income to qualify for assistance. Examples of approved proof of income are:

- Two most recent pay stubs (must be consecutive)
- Previous year’s W-2
- Previous year’s tax return
- Letter confirming unemployment
- Letter confirming Social Security income
- Confirmation of Workers Compensation
- Letter from place of employment on company letterhead (Personal checks and bank statements are not accepted)
- Patients who are unable to provide any of the above proof of income can contact the Billing Department for further details.

Should you have any questions, please contact the Billing Department at 970-335-2342.



Sliding Fee Discount Application

DATE: _____

Name:
Address:
City, State:
Zip Code:
Telephone:
Date of Birth:

The application is not complete until this form and proof of income is received. You have 2 weeks from today to furnish acceptable proof of income. Until the form AND the proof of income is received, we consider this an incomplete application request. Until the discount is approved, you are responsible for the full fee of the services received. If you have any questions, please contact Billing at 970-335-2342.

Account Number(s): _____

Do you have any type of insurance that will cover all or a portion of your medical expense? Yes No

If yes, name of Insurance(s): _____

Give Names and DOB of all individuals living in the household, **excluding self**.

Name:	Date of Birth:	Dependent under age 18 years old?	Axis Health System Patient?

I certify that the household size shown above is correct. Copies of tax returns, pay stubs or other information verifying income will be required before a discount is approved. If approved, an adjustment to the applicable services will be done to reflect the approved discount. I understand that I am responsible for payment of my sliding fee discount fee at the time of each visit, if approved.

Name (Print): _____

Signature: _____

OFFICE STAFF ONLY

APPROVED Letter Sent	DENIED Letter Sent	BY:
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