

Sliding Scale Application



Crystal River

547 SE Fort Island Trail, Suite C & E, Crystal River, FL 34429
352-794-7391
Fax: 877-446-4107

Inverness Dental

314 S Line Ave, Inverness, FL 34450
352-419-4056
Fax: 352-419-7934

Lecanto Medical

512 N Lecanto Hwy, Lecanto, FL 34461
352-527-2244
Fax: 888-275-8781

Ocala

7205 SE Maricamp Road, Ocala, FL 34472
352-680-7000
Fax: 877-849-9264

Sumterville

1389 S US 301, Sumterville, FL 33585
352-793-5900
Fax: 855-832-3504

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Langley Health Services is a Federally Qualified Health Center. We are able to offer a discount on some services based on a household's income and size. LHS uses the Federal Poverty Guidelines to determine your eligibility. Applications must be received within 30 days of the service date for discount to apply.

Your household discount will be assessed every 12 months. You must reapply for the Sliding Fee discount and provide updated income documentation at this time.

PLEASE NOTE: You may be responsible for the payment of some procedures, labs, and medications.

If you wish to qualify for the sliding fee, you must show proof of income for all individuals living in your household. If you do not have any source of income, please speak with a financial counselor.

The following lists examples of required Financial Documentation, if applicable:

- Most recent complete income tax return (irs.gov)
- Social Security, Disability, and/or VA benefit letter (S.S. # 1-800-772-1213)
- Retirement/Pension Income documentation
- Last month of recent pay statements (include Work Comp and/or Unemployment) or Proof of Unemployment Award Letter
- Food Stamp letter showing amount awarded each month (myflorida.com/accessflorida)
- TANF (Temporary Assistance for Needy Families) letter showing the award amount
- Court Order and/or Payment History for Child Support
- Notarized Letter from whom ever is helping pay the bills (must have monthly \$ amount listed)
- Employment verification form (must list 4 consecutive pay periods)
- Self-Declaration Form if no proof of income is available

The following financial documentation is NOT accepted: W-2 forms or 1099 forms

Name: _____ Date of Birth: _____

Phone: _____

Household Size (patient, their spouse and their tax dependents): _____

List name(s) and date(s) of birth of individuals living in your household:

Name	DOB	SSN
_____	_____	_____
_____	_____	_____
_____	_____	_____

DISCLAIMER: I hereby certify that the above information is, to the best of my knowledge, true and correct. I understand that I must re-qualify every 12 months to maintain my eligibility. I am aware that if any information I provide is fraudulent my sliding scale will be terminated.

Signature of Patient or Guardian: _____ Date: _____

Signature of LHS Witness: _____ Date: _____

FOR INTERNAL USE ONLY	<input type="checkbox"/> Proof of income verified
Patient is eligible for sliding fee discount category _____	<input type="checkbox"/> Patient does not qualify
Slide Expires _____	<input type="checkbox"/> Patient refused to complete
Verified by _____ Date _____	

Financial Verification / Documentation

Income Documentation		Pay Frequency			
Source	(\$)	Weekly	Biweekly	Monthly	Annually
Salaries / Wages					
Social Security, Disability, VA benefits					
Retirement/Pension					
Child Support / Alimony					
Workman's Compensation					
Unemployment Benefits					
Public Assistance (Food Stamp, TANF)					
Other					

Note: Documentation is required for each source of income listed above.

Total Household Gross income: _____

For Internal Use only

Patient Name: _____ Patient Account #: _____ Date: _____

Thank you for applying for our Sliding Scale. According to the income documentation you turned in you qualify for Sliding Scale _____

Your responsibility:

Doctor Visits – You Pay: _____

X-Rays – You Pay: _____

Advanced Diagnostics– You Pay: _____

Dental Visits – You pay: _____ (Not all services are discounted)

Labs- You will be billed separately by the lab for all results (cultures, paps, blood draws, etc.)

Your Sliding Scale Expires on _____

If we can be of further assistance, please call the Financial Counselor.