

Household Income

Place of Employment: _____

If you are unemployed, how long? _____

Pay period: Bi Weekly Twice Monthly Monthly Weekly

How many hours per week do you work on average? _____

What is your rate of pay? _____

Does anyone in the household receive the following and how much per month (Please circle): Yes No
(If there is more than one person receiving any of these benefits, please specify)

Disability _____ SSI _____ Pension _____

Monthly Expenses

List rent or mortgage, phone, utilities, car payments, cable, cell phone, prescriptions, loans, etc...

Expense	Monthly Amount	Expense	Monthly Amount

Important Information:

Please note that the Reduced Fee does not cover any lab work that we cannot perform in-house. You **will** receive a bill from those outside agencies that we have to send lab work to. If a referral to a specialty office is made for you outside of JHC, you will be responsible any charges incurred.

Medication Assistance Program (MAP)

The MAP is specifically designed to help those who are currently without prescription coverage needing assistance with their maintenance medications. JHC staff coordinates with the pharmaceutical companies to access medicine on your behalf. There is a fee of \$5.00 for every medicine received and this can be paid by cash, check or credit card.

An application is needed for each medication. It can take up to 4 to 6 weeks to start receiving your medications. If you have questions about the MAP, please contact the MAP Coordinator at (434)947-5967 ext. 1243 or ask to speak to Kelly McConnell after your appointment with your provider.

Checklist

In order to complete applications, you will need to turn in ALL documentation of income. All documentation needs to be from the current year. This may include, but is not limited to, any items that pertain to you on this list:

- Last month's pay stubs: must be consecutive and a full month
- Current year tax return 1040 for or schedule C if self-employed
- 1406T if you do not file taxes
- Child support documentation
- Unemployment award letter
- Pension or retirement award letter
- TANF award letter
- Food stamps award letter
- General relief award letter
- Letter of support

Please speak with your provider or contact Kelly McConnell at (434)947-5967 ext. 1243 for more MAP information.

Frequently Asked Questions

How long does it take to process the application?

Your application can be approved when you come in as long as the application is complete. The applications take approximately 24 to 48 hours to process if you leave it at the front desk.

What if I am unemployed, how do I show income?

If you are currently unemployed, JHC will need a letter of support. This is a letter from whomever you are staying with stating that you are staying at their residence. *If you are reporting zero income for an application, you may only be approved for six months. After which you will need to supply proof of household income for ALL those in the household (household is defined as patient, patient's spouse/partner, and any dependent children living in the home.*

What if I am only receiving income from Food Stamps, TANF, or General Relief?

Each time you sign up for a program like these, you are given an award letter for the year detailing the amount you will receive. You will need to provide this with your application. If you are receiving only food stamps, JHC will also need a letter of support to verify.

What if I did not file taxes last year?

If you did not file taxes, you must either call 1-800-829-3676 OR fill and mail the 4506-T form attached to this application to request a non-filer disclaimer from the IRS. This form is needed to process medication requests, without it, we cannot order your medications.

What if I am self-employed, can I still qualify?

Yes, if you are self employed all you need to have is the previous year's 1040 federal tax return along with the Schedule C tax forms. You can find these forms in your previous year's tax files.

Dental Services Frequently Asked Questions

If I receive assistance with JRDC or BDC, what does the Reduced Fee cover?

The reduced fee covers any service provided at JRDC or BDC. If you need specialty dental services (such as oral surgery), we will try to help find the service at a reduced rate, but cannot guarantee another provider's fee schedule.

If I have Medicaid or Medicare, can I still come to JRDC or BDC?

You can still come to our dental clinic if you are enrolled in Medicaid and Medicare. However, if you are over the age of 21 you will need to fill out the reduced fee paperwork completely and then you can be seen at the reduced rate.

Release of Information

I, the undersigned, attest to the accuracy and truth of the information provided within this application for services. Johnson Health Center staff may verify all information provided.

I authorize the release of information to Johnson Health Center Medication Assistance Program and the sharing of information about my application to other agencies, pharmaceutical companies, and physicians.

I authorize the staff of Johnson Health Center to sign on my behalf those documents required to access my prescription medication.

I understand that any changes in income and household must be reported to the Reduced Fee Coordinator as soon as possible. I will also report changes in address and phone number.

I understand that it is my responsibility to provide documentation and update my application every year or otherwise, if deemed necessary, in order to remain an active patient at Johnson Health Center and its participating agencies.

I, the undersigned, verify that the information provided as part of the Johnson Health Center Sliding Fee Application is true and accurate. If the information is determined to be false and misleading, I understand that the Johnson Health Center has the right to discontinue my sliding fee rate and I will pay the full fee.

This release expires in one year.

Printed Name: _____

Signature: _____

Date: _____

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Family Size: _____

Income: _____

After examination of this applicant's family size, situation, and financial information, it is my decision that this application is:

_____ Approved at the rate of:

A _____ B _____ C _____ D _____

_____ Approved for OB Prenatal with a total cost of _____

_____ For children under age 18; ineligible for Medicaid:

Does not meet citizenship or immigration status requirements _____

Other: _____

_____ Denied, Reason: _____

For the Following Program(s):

- Adult Medical Services
- Pediatric Medical Services
- OB/Prenatal/Gyn Services
- Dental Services
- Behavioral Health Services
- Medication Assistance Program (MAP)

This status shall remain in effect for _____ from this date, _____ unless otherwise noted,

at which time the applicant's financial situation will be reviewed to evaluate eligibility and classification.

Comments:

_____ Date: _____

Reduced Fee Coordinator