PROFESSIONAL PEDIATRICS
Family Assistance Plan Application

NAME OF HEAD OF HOUSEHOLD			PLACE OF EMPLOYMENT	
STREET	CITY	STATE	ZIP	PHONE
HEALTH INSURANCE PLAN			SOCIAL SECURITY NUMBER	

Please list spouse and dependents under age 18

Name	Date of Birth	Name	Date of Birth
SELF		DEPENDENT	
SPOUSE		DEPENDENT	
DEPENDENT		DEPENDENT	
DEPENDENT		DEPENDENT	

Annual Household Income

Source	Self	Spouse	Other	Total
Gross wages, salaries, tips, etc.				
Social security, pension, annuity, and veteran's benefits				

Source	Self	Spouse	Other	Total
Alimony, child support, military family allotments				
Income from business self employment, and dependents				
Rent, interest, dividend, and other income				
Total Income				

I certify that the family size and income information shown above is correct. Copies of tax returns, pay stubs, and other information verifying income may be required before a discount is approved.

Name (Print) _____ Date _____

Signature _____

Office Use Only

Patient Name _____ Discount _____

Date of Service _____ Approved by _____

Verification Checklist (attach copies)	YES	NO
Identification/Address: Driver's license, birth certificate, employment ID, social security card or other	☐	☐
Income: Prior year tax return, three most recent pay stubs, or other	☐	☐
Insurance: Insurance card(s)	☐	☐
Medicaid: Application made or evidence of rejection	☐	☐

Services Covered and Excluded

Professional Pediatrics
1050 US Hwy 27 #5
Clermont, FL 34714

Discounted/ Sliding Fee Application

It is the policy of Professional Pediatrics to provide essential services regardless of the patients ability to pay. Discounts are offered based upon family income and size. Please complete the following information and return to the front desk to determine if you or a member of your family are eligible for a discount.

The discount will apply to all services received at this clinic, but not those services which are purchased from outside, including reference laboratory testing, drug, and x-ray interpretation by a consulting radiologist, and other such services. In the hope that your financial situation improves, discounts apply only to current, not future services. This for must be completed for each visit. Please inquire at the front desk if you have any questions.

Number of related persons living in your household: [ ]

Household Member	Household Income (complete one column)		
	Annual	Monthly	Bi-Weekly
Self			
Spouse			
Dependent Children under age 18			
Total			

Note: Include income from all sources including gross wages, tips, social security, disability, pensions, annuities, veteran's payments, net business or self employment, alimony, child support, military, unemployment, and public aid.

I certify that the family size and income information shown above is correct. Copies of tax returns, pay stubs, and other information verifying income may be required before a discount is approved.

Name (Print) [ ] Date [ ]

Signature [ ]

Office Use Only

Patient Name [ ] Discount [ ]

Date of Service [ ] Approved by [ ]

Professional Pediatrics Guidelines for determining eligibility for sliding scale

Eligibility is based on family size and household income according to the most recent US Department of Health & Human Services Federal Poverty Guidelines 2012.

This service will be available only if there is no medical insurance.

Sliding scale services are available for all individuals and families with an annual income below 200 percent of the poverty guidelines.

The sliding scale fee will not be waived at any time for any person under any circumstance.

The sliding scale fee amount due for an office visit only the charge can and will be more depending on other services provided, and or visit type/code. Patients will be responsible for any additional charges.

Other types of services/ additional charges include:

- Immunizations
- Urinalysis
- EKG
- Blood work/ Rapid Strep/ Flu. Any kind of workup
- Nebulizer treatments

Guidelines for sliding scale fee:

- Income of parents and children under 18
- Income will be verified semi-annually
- Anyone requesting a discount will be verified, and will be applied in a non-discriminatory manner
- Only the office manager or the Dr. may approve discounted fees
- At each visit the staff will ask if anything has changed
- Change in income will cause re-evaluation
- Persons with approved discounts will have an alert in their chart
- No patient will be denied services due to inability to pay
- Every patient's privacy is protected
- Patients at or below poverty level are charged a nominal fee or no charge at all
- This does not apply to copayments or deductibles, Medicaid share of cost, suboxone program, or the weight loss program.
- Same day visits will require payment up front if not approved already. There will be no retroactive effective date

A separate appointment for determining eligibility is required. Application process may take up to 3 business days to process.

Must have the following information with you at time of appointment:

- Proof of identification (such as driver license, state ID card, passport, or bank card with photograph.)
- Proof of current address (such as drivers license, state ID card, pay check stub, phone bill, electric bill, or lease)
- Most recent federal tax form (1040 form)
- The last 2 current paystubs (If no pay stub you may bring the following: unemployment stubs, or letter from the company on company letter head, or a notarized letter from current employer)
- Awards or benefit letter for food stamps, Social Security Income(disability), workers comp, Temporary Assistance for Needy Families, Free or Reduced lunch program, or any other public assistance.