



COMMUNITY HEALTH & WELLNESS PARTNERS

Care... To Live Life Fully

Application Reviewed By:	Date:
Documentation Received By:	Date:
Sliding Fee Approval Level (A-E):	Date:
Signature:	

Sliding Fee Application

How would you like us to contact you? _____ Phone _____ Portal _____ Text _____
Please allow up to 10 days for processing your application after it is received.

Name _____

Today's Date _____

Date of Birth _____

Phone _____

Household Members –is defined as a group that is related by birth, marriage or adoption and residing together. The household size will be limited to immediate family, spouse, partner, children, and dependents. Dependents must be age 19 or younger.

Household Members	Name(s)	DOB MM/DD/YYYY	Monthly Income
1(self)		/ /	
2		/ /	
3		/ /	
4		/ /	
5		/ /	
6		/ /	
		Total	

Note: Total Income will be calculated to determine approval

I confirm that this information is true and correct, to the best of my knowledge and understand that it is subject to confirmation by CHWP. I further understand that should my economic situation change; I am solely responsible to report the change upon my next visit. Any false statement or perceived attempt to deceive may result in a denial for sliding fee benefits and the balance associated with it would be my responsibility.

I understand that I will be responsible for paying at least a minimum nominal fee for healthcare services. If an unpaid balance exists on my account after applying my sliding fee discount, I agree to make payment arrangements and honor the terms. I understand that if I am unable to make a payment in any given month, I must contact the Billing Office prior to the due date to discuss my need to modify my payment arrangement.

Patient Name (print)

Signature or Patient or Guarantor

Date of Signature

Updated: March 22, 2024

Bellefontaine
212 E. Columbus Ave., Suite 1
Bellefontaine, OH 43311

Indian Lake
8200 St. Rt. 366, Suite 1
Russells Point, OH 43348

West Liberty
4879 US Rt. 68 South
West Liberty, OH 43357

Urbana
605 Miami St., Suite 100
Urbana, OH 43078

School-Based Health Centers
West Liberty-Salem Benjamin Logan Indian Lake Riverside

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