



COMMUNITY HEALTH & WELLNESS PARTNERS

Care... To Live Life Fully

Sliding Fee Opportunity

Must be completed prior to service.

All patients seeking services are assured they will be served regardless of their ability to pay. No one is refused service because of a lack of financial means to pay so long as they complete and are found eligible in the application process.

Please sign to either request or decline the Sliding Fee Opportunity:

REQUEST

I am requesting to apply for discounted services that are available to patients, family members, or others who are experiencing a financial hardship. Discounts are offered based on family income and size. Our services include Family Medicine and Behavioral Health. Information and forms can be obtained by signing below to receive this information.

DECLINE

I choose not to apply for CHWP's Sliding Fee opportunity at this time. I decline my right to apply for the Sliding Fee Discount. I understand I will be responsible for all charges at the time of service. I am aware that if my financial circumstances change, I am not prohibited in the future from applying for the Sliding Fee Program.

REQUEST

Patient Printed Name

Patient Signature

Date

DECLINE

Patient Printed Name

Patient Signature

Date

Please determine the number of people in your household and check your yearly income range. This information is for generalized reporting regarding the health center.

NO FINANCIAL INFORMATION IS SHARED.

NUMBER OF PEOPLE IN YOUR HOUSEHOLD: _____

Range 1	Range 2	Range 3	Range 4	Range 5	Range 6
() \$0 to \$15,000	() \$15,001 to \$30,000	() \$30,001 to \$45,000	() \$45,001 to \$60,000	() \$60,001 to \$75,000	() \$75,001+

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

Revised: 2/2024

School-Based Health Centers

West Liberty-Salem

Benjamin Logan

Indian Lake

Riverside

Phone: 937-599-1411 • Fax: 937-599-4128 • CHWPCares.org