

SCENIC RIVERS HEALTH SERVICES
20 5TH Street SE
Cook , MN 55723

218-666-5102 ext. 3115

SLIDING FEE SCALE DISCOUNT PROGRAM

SFS is a limited, federally subsidized program to aid in the payment for care at this facility. Charges are discounted according to your ability to pay.

To qualify, your adjusted gross income must fall within the federal income guidelines, and you must pay your portion of the charges not covered by SFS within thirty (30) days.

For eligibility purposes your income includes:

Wages and salaries before deductions

Receipts from self-employment after deductions for business expense

Payment From:

Public Assistance
Social Security
Unemployment
Workers' Compensation
Strike Benefits
Veterans' Benefits
Training Stipends
Alimony
Child Support
Military Family Allotments
Pensions
Regular Insurance or Annuity Payments

Income From:

Dividends
Interest
Rents
Royalties
Estates
Trusts

You must provide proof of the income you list on your application. If you have any questions, please contact Patient Accounts at the above address, or call (218) 666-5102 ext. 3115

SLIDING FEE SCALE APPLICATION

** PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION FOR ALL HOUSEHOLD MEMBERS**

	NAME	BIRTHDATE	Soc Security Number
Head of Household:	_____	____ / ____ / ____	_____
Spouse:	_____	____ / ____ / ____	_____
Children:	_____	____ / ____ / ____	_____
	_____	____ / ____ / ____	_____
	_____	____ / ____ / ____	_____
	_____	____ / ____ / ____	_____
Street Address/Box #	_____		
City,State, Zip:	_____		
Township:	_____	Phone:	_____
Do you have Medical or Dental Insurance?	_____ Yes	_____ NO	If yes, with who: _____

****COMBINED ANNUAL INCOME OF ALL HOUSEHOLD MEMBERS****

WAGES & SALARIES:	_____
PUBLIC ASSISTANCE:	_____
SOCIAL SECURITY INCOME:	_____
UNEMPLOYMENT:	_____
ALIMONY:	_____
PENSIONS:	_____
DIVIDENDS & INTEREST:	_____
SELF EMPLOYMENT:	_____
(After Business Deductions)	
OTHER INCOME:	_____
TOTAL ANNUAL INCOME:	_____

***REMEMBER TO ATTACH YOUR PROOF OF INCOME!!!

I understand a false answer to any question in this application is cause for disenrollment and may be punishable by fine and imprisonment. (U.S. Code Title XVIII, Section 1001)

SIGNATURE

DATE