



## Sliding Fee Program Application

### SECTION #3 – Guidelines and Signatures

You are responsible to pay your office SFS amount at the time of your visit with the doctor.

If you are unable to pay on the date of service, HHP will bill you for your remaining balance. At no time will you be denied services due to an inability to pay for services.

	<i>HHP Office Use Only:</i>
<i>Total Monthly Income</i>	_____
<i>Date of Approval</i>	_____
<i>Renewal Date</i>	_____
<i>Co-payment</i>	_____
<i>Percentage Discount</i>	_____
<i>Interviewer's Name</i>	_____