



### Acknowledgement of Receipt of Sliding Fee Discount Schedule Program

As a Health Center Program grant recipient from the U.S. Department of Health and Human Services, Bureau of Primary Health Care, the Riverside University Health System – Community Health Center (“RUHS-CHC”) offers a Sliding Fee Discount Schedule (“SFDS”) Program that provides eligible patients a discount based on their income and family size.

SFDS Program applications are available at the Front Desk and on the RUHS-CHC website. All patients are encouraged to apply regardless of insurance status. Proof of total household income must accompany the completed and signed application. Family household income includes all income from each person, by birth, marriage, or adoption, sharing the same physical address who benefit from one another’s income and/or share living expenses in full or in part.

Examples of acceptable proof of income:

- W-2 Form
- Most recent pay stub
- Social security check
- Child support and/or alimony
- Pension or retirement income
- Educational assistance
- Veteran’s payment

Once a completed application with proof of income is received, a determination will be provided to the patient(s) in writing, including the eligible discount category, or if applicable, the reason for denial. Qualified patients must pay at the time of service unless other arrangements are made with the Billing Department.

Please initial beside each item that you have received on the SFDS Program.

(Initials)

\_\_\_\_\_ RUHS-CHC Sliding Fee Discount Schedule Program Application

\_\_\_\_\_ RUHS-CHC Sliding Fee Discount Schedule

\_\_\_\_\_ RUHS-CHC Sliding Fee Discount Schedule Program Brochure

\_\_\_\_\_  
Patient’s Name (Print)

\_\_\_\_\_  
Signature (Patient/Parent/Guardian)

\_\_\_\_\_  
Date