Tillamook County Community Health Centers

Healthcare is EXPENSIVE – We can help!

1. **Take advantage of the Sliding Fee Discount**

- ***Definitions:***

Sliding Fee Discount Application. It is the policy of a Federally Qualified Health Center (FQHC), also known as Community Health Centers, to provide essential services regardless of the patient's ability to pay. Discounts and/or nominal fees are offered based on household size and annual income.

FQHC's are required to have a schedule of fees that are locally consistent and appropriate to cover the reasonable costs of operation. The Sliding Fee Discount and/or nominal fee is applied during the billing process to lower the cost of services based on ability to pay.

2. **Provide your most current information on your application for Sliding Fee Discount**
   - Our front desk staff can help you with questions and completion of the form (Coordinated Intake).
   - Update your information as your circumstances change.

3. **Work with our billing staff to make arrangements for a payment schedule that works for you.**
   - You can speak with our Billing Service through OCHIN at: 1-800-972-8401
   - You can speak with our local Billing staff at: 503-842-3900, Ext 3914 or 4011 (Spanish)

4. **Find out if you qualify for the Oregon Health Plan or other low cost coverage**
   - You can speak with one of our Insurance Specialists prior to or after your health care appointment. Just ask for a "Care Coordinator for Insurance Enrollment Assistance".

COORDINATED INTAKE FORM

Application for Services

Last Name:	First Name:	Middle Name:	Phone Number:		Reg. Initials
Address:		City:	State:	Zip:	Today's Date / /

Please Check if You Have Any of the Following (currently effective):	ETHNIC GROUP CODES	LANGUAGE	English ( )	Spanish ( )	Other:
( )Medicaid/OHP ( )Medicare ( )Private Insurance Name of Insurance Co.:	1 – American Indian/Alaskan Native 2 – Asian 3 – Black or African American 4 – Hispanic or Latino 5 – Native Hawaiian/Other Pacific Islander 6 – White				

List all household members for whom you are financially responsible AND who live in your home.	Social Security Number	DOB	Relationship to Applicant	Gender	Ethnic Code	Veteran	Homeless	Farm Worker	Current Client of Tillamook Family Health Dept.		MR # (Office Use Only)	Annual Income per Individual
1.		/ /	Self						Yes	No		
2.		/ /							Yes	No		
3.		/ /							Yes	No		
4.		/ /							Yes	No		
5.		/ /							Yes	No		
6.		/ /							Yes	No		
7.		/ /							Yes	No		
#	Total # in Household			Total Annual Household Income								$

Source of Income	Information needed for verifying income	Amount	How often received?	Annual Income
□ Wages for Employment (before taxes)	Pay stubs: last 3 pay periods/min. 30 days			$
□ Tips or Commissions	Prior year tax return			
□ Self Employed	Prior year tax return			
□ Investment Income (rent, int., div.)	Statements or Sch. E prior yr tax return			
□ Pension & Retirement Benefits	Statements			
□ Social Security Benefits	Award letter, monthly stmt, or bank stmt			
□ TANF, SSI, Disability Benefits	Award letter, monthly stmt, or bank stmt			
□ Veteran's Benefits	Award letter, monthly stmt, or bank stmt			
□ Unemployment Benefits	Award letter, monthly stmt, or bank stmt			
□ Worker's Compensation Benefits	Award letter, monthly stmt, or bank stmt			
□ Alimony and/or Child Support	Divorce decree or court ordered docs.			
□ Assistance from relatives				
□ Other Income Not Listed Above	Award letter, monthly stmt, or bank stmt			
□ Food Stamps (SNAP) – **CARE ONLY**	Adult 1 $ / Adult 2 $	Total Annual Income		$

□ Investments, Stocks, CDs, Savings, etc.	Monthly, quarterly, or annual statements.	$

I affirm that the information provided by me contained with this application is true and correct to the best of my knowledge. I agree that providing incorrect, false, or omitting relevant information may disqualify me from the discount fee program.

I authorize release of my application for services with all pertinent documents to be given to the following agencies for additional services: *Initial each service.*

____□ Tillamook County Health Department ____□ CARE ____□ Women's Resource Center ____□ Tillamook Family Counseling Center

		/ /
Printed Name of Applicant	Signature of Applicant	Date

For Tillamook County Community Health Center Use Only

ALL SERVICES: Patients are expected to pay the nominal fee prior to service.

For Office Use Only:				
Effective Date:	(Maximum retroactive date is 30 days from original application date.)			
Verified by:	Date: / /	Household #	Income $	Expiration Date: / /

For CARE Office Use Only

Housing, Do You: [ ] Own [ ] Rent [ ] Homeless [ ] Other: Explain _____

HOUSEHOLD INFORMATION:

HH Member # (from pg. 1)	Educ. Years (Adults Only) (See codes below)	Disability (Yes or No)	Disability Type or Explanation
1			
2			
3			
4			
5			
6			
7			

Educ. Years Codes:

0-8	12+	Child NA	
9-12 Non-graduate	2 or 4 yrs. College-Grad.		
HS Grad/GED	Education Unknown		

For Office Use Only:

Services Provided: _____

_____

_____

Homeless definition: Any person staying at an emergency housing shelter out of necessity, any person living in transitional housing, any person living on the streets or staying somewhere not intended for human habitation, people who were turned away from emergency services, and people provided a voucher in order to stay at a motel or campground. People living in permanent supportive housing or those receiving rental or mortgage assistance, Federal definition does not include people who are staying with other people out of economic necessity (often referred to as doubled-up or couch surfing)

Farm worker definition: A person working in connection with cultivating the soil, raising or harvesting any agriculture or aquaculture commodity, including any activity of handling product in its unmanufactured state (catching, netting, handling – delivery and transportation of products to market or processing). Includes forestation and reforestation of lands (planting, transplanting, pre-commercial thinning, slash and burn clears).

Refer clients for additional services

☐ Medical ☐ Dental ☐ Women's Resource ☐ CARE ☐ TFCC

See Agency Reference List for detail information