

UTAH NAVAJO HEALTH SYSTEMS, INC
SLIDING FEE DISCOUNT APPLICATION

Utah Navajo Health System has a sliding-fee scale discount program that allows us to charge patients based on their income. The sliding-fee scale applies to all primary health care treatment received at all Utah Navajo Health Centers and Dental Offices. Please list all sources of gross income earned by your household members in the past month. All information provided is used for Federal Funding and is protected by HIPPA and will remain strictly confidential.

Account Holder Name: _____ DOB: ___ / ___ / ___

Mailing Address: _____

City/State/Zip: _____

Please check one: ___ New applicant ___ Notification of change in income/family status

Family Size: _____

Household Income Amount \$ _____

Circle one: Weekly Bi Weekly Monthly Yearly

List Family members associated with this application below:

Name	Date of birth

I certify that the information I have provided on this form and the information attached is accurate to the best of my knowledge. I understand that if the information is found to be inaccurate that I become liable for the amount of discounted medical, pharmacy, and dental services which I/we receive. I agree to report any changes to my income or family status to Utah Navajo Health System.

Print Name of Guarantor

Date

Signature

It is important to note that the following services are not covered under your sliding discount:

- Supplies used during Major Dental services are not covered*
 - *Crowns, Bridges, Dentures, Canals, Bleaching, etc.
- Glasses, Lenses, Contacts (Hardware)
- Labor and Delivery
- Audiology
- Echocardiogram
- DME
- Laboratory results that are sent out to an outside facility as well as Radiology.
Readings are also not covered via your Sliding Scale Discount. These services will be billed out by the receiving facility.
- Blue Mountain Hospital Services (Emergency Room, Inpatient and Outpatient)
- All Referred Services to an outside facility

Based on your Sliding Scale Discount Application, you and your dependents have been approved for discounted services at Utah Navajo Health System, Inc. In order for this discount to be effective, a nominal or flat fee is required up front.

For Office use only

Annual Income: _____

Expiration Date: _____

Nominal/Flat Fee please circle:

Medical: \$15 \$20 \$25 \$30 \$40

Dental: \$30 \$35 \$40 \$45 \$50

Pharmacy:

Generic Drugs \$5 \$6 \$7 \$8 \$9

Name Brand Drugs \$10 \$12 \$14 \$16 \$18

Title X: \$0 \$15 \$30 \$45

Staff Initials: _____