Hocking Valley Medical Group
Sliding Fee Discount Application

For office use only
Processed by: _____
Dates of Service used:
_____

It is the policy of Hocking Valley Medical Group to provide essential services regardless of the patient's ability to pay. Discounts are offered based on family size and annual income. Please complete the following application and return to the front desk to determine if you or your family members are eligible for a discount.

The discount will apply to all services received at this office, but not those services or equipment that are purchased from outside, including laboratory testing, drugs, x-ray interpretation by a consulting radiologist, and other such services. This form must be completed every 12 months or if your financial situation changes.

Name of Head of Household: _____

Patient Address: _____

Employment:_____

TOTAL # OF PERSON'S IN PATIENT'S IMMEDIATE FAMILY:_____

NAME	DATE OF BIRTH	AGE	RELATION TO PATIENT	ADOPTIVE OR NATURAL
Patient			SELF	

*****Income verification is required!!*****

Income Verification includes:

- **2 paystubs that are prior to your date of service *and/or***
- **Profit loss statement if self-employed *and/or***
- **Interest, rents, royalties, estates, trust, child support or any miscellaneous sources *and/or***
- **Your SSI/SSDI award letters and Pension statements**
- **Copy of a Utility bill or Driver's license for proof of residence**
- **Copy of your current insurance cards**

*****All Applications must be have this documentation*****

If you reported no income, please provide a brief explanation of how you are living with zero income (If more room is needed, please use back of application)**:**

_____.

I understand that the information in which I provided is subject to verification by HVCH. I also understand that the information I have provided may be made available for review to Federal and State agencies. Under penalty of law, I affirm the above information is true and accurate.

X_____(Signature of patient, parent, POA or guardian)

HVMG 2026 GUIDELINES

(GUIDELINES BASED ON GROSS ANNUAL INCOME)

FAMILY SIZE	**HCAP 100%** *100% OFF*	**CHARITY 101-133%** *75% OFF*	**CHARITY 134-166%** *50% OFF*	**CHARITY 167-200%** *25% OFF*
1	15,960	20,445	24,930	49,415
2	21,640	27,682	33,725	39,768
3	27,320	34,920	42,520	50,120
4	33,000	42,158	51,316	60,474
5	38,680	49,395	60,110	70,825
6	44,360	56,633	68,906	81,179
7	50,040	63,870	77,700	91,530
8	55,720	71,108	86,496	101,884