

*Health Care for the Entire Family*



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WWW.RCFHC.ORG

Dear Patient:

Thank you for your interest in our Sliding Fee Program. Please complete the enclosed sliding fee application for all members of your household and return the application within ten days.

List **ALL** members living in the household. State date of birth, social security number, type of insurance or medical coverage (including Medicare and Medicaid), and whether or not the household member is currently a Family Health Care patient. List income for **ALL** household members and how often the income is received **WAGES, SOCIAL SECURITY, DISABILITY, UNEMPLOYMENT, ALIMONY/CHILD SUPPORT, FOOD STAMPS, ETC. MUST BE VERIFIED.** Please submit copies of the **FOUR** most recent check stubs for each working household member. If your work / income is seasonal, you may wish to provide us with a copy of your current federal 1040 tax return. Food Stamps must also be reported as income.

If you have children under the age of 19 living in your household, they must apply for a Medical Card and CHIPS through the WV DHHR before applying for the Sliding Fee Program. If they are denied for both services, a denial letter from each service must be presented with your Sliding Fee application before it can be processed. If you receive a Medical Card, you are not eligible for the Sliding Fee Program. If you receive CHIPS, you must bring your CHIPS card to our office along with your Sliding Fee application.

If you have **no source of income**, you must apply for a Medical Card at WV DHHR. If you are denied, a denial letter must be presented with your Sliding Fee application.

If you do not send all required documentation, we cannot process your application and it will be considered incomplete. You will be charged for office visits until all required information is received. Once all documentation is received, your Sliding Fee application may be backdated. Each time you have an appointment at Family Health Care, you must present all types of health insurance cards, including your Sliding Fee card.

If you have any questions about the program or the application process, please feel free to call me at 927-8117.

Thank you for your continued confidence in Family health Care.

Sincerely,

*Amanda Cottrill*

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Finance Clerk