



## Tapestry 360 Health Sliding Fee Scale Discount Program Application

As a Federally Qualified Health Center (FQHC), Tapestry 360 Health offers a sliding fee scale discount program for eligible patients. To apply, please complete and sign this application.

### Important Information:

- Discounts are based on income and family size using federal poverty guidelines.
- Discounts apply only to medically necessary services and exclude elective or non-covered services.
- Approved discounts are valid for one year; reapplication is required annually or with any changes in income or family size.

### Application Form

#### Section 1: Applicant Information

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

#### Sliding Fee Discount Program Eligibility:

- I prefer not to share my financial info, knowing it may impact my discount eligibility.
- I have attached proof of income: tax records, pay stubs, employer letter, etc.
- I am self-verifying my income due to housing insecurity or being a minor without a parent present.

#### Section 2: Household Information

Please count all family members (including yourself) who reside in the home and are supported by the monthly income.

Total Monthly Income: \_\_\_\_\_ Total Household Members: \_\_\_\_\_

#### Section 3: Insurance Information

Do you have health insurance?

- Yes (please attach a copy of your insurance card(s)).
- No

#### Section 4: Certification of Application

I certify that the information provided is true and complete to the best of my knowledge. I understand this information is confidential and used only for eligibility determination. I agree to notify Tapestry 360 Health of any changes to my income or insurance status and acknowledge responsibility for any outstanding balances for services rendered to myself and, if applicable, to my children under 18 years of age.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_