



UPC

Southern Tier Community Health Center Network • (716) 375-7500 • www.upchealth.net

135 N. Union Street
Olean, NY 14760

132 W. Main Street
Cuba, NY 14727

9864 Luckey Drive
Houghton, NY 14744

445 Broad Street
Salamanca, NY 14779

APPLICATION FOR THE FINANCIAL ASSISTANCE PLAN (Sliding Fee Scale)

Universal Primary Care offers a Sliding Fee Scale to all patients. The Sliding Fee Scale can reduce the cost of services rendered at UPC by between 10-100% and is based on income and family size. If applicable, the sliding fee scale can be used in addition to your health insurance to help with your co-pays and deductibles. To apply, please complete this application including **all** requested information.

Patient (full) Name:		Employer:		
Street	City	State	Zip	Phone

Number of Persons in Family: <i>(including self)</i>	Household Income Last Twelve (12) Months:	Household Income Last Three (3) Months:
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Proof of Income:	
	1040 Tax form from previous tax year
	W2 from Employer for previous year
	Most recent paystubs from current employer (4 stubs if paid weekly, 2 stubs if paid biweekly)
	Social Security Statement of Benefits for current year
	Unemployment benefit statement from the Department of Labor
	Other:

I certify that the above information is true and accurate to the best of my knowledge. Further, I will make application for assistance (Medicaid, Medicare, Insurance, etc.) which may be available for the payment of my STCHCN charge, and I will take any action reasonably necessary to obtain such assistance and will assign or pay to STCHCN the amount recovered for charges. If any information I have given proves to be untrue, I understand that STCHCN may re-evaluate my financial status and take whatever action becomes appropriate.

Applicant's Signature: _____ Date of Request _____

****Please send proof of income in with application. Application cannot be processed without the necessary proof of income.**

DO NOT COMPLETE- FOR STCHCN PERSONNEL ONLY

This document was received on: _____ By: _____

Proof of income must be included with application. Return the originals to the patient.

Send all forms to Renee MacPherson or Jen Austin at the Olean office, Jackie Moore at the Cuba or Houghton office, and Jen Austin at the Salamanca office.