



Albany Community Health Clinic | (307) 766-3313
 1174 North 22nd Street | Laramie, WY 82072

UW Family Practice | (307) 234-6161
 1522 E. A St. | Casper, WY 82601

UW Family Medicine | (307) 632-2434
 820 E. 17th St. | Cheyenne, WY 82001

Sliding Fee Scale Eligibility Determination Form

Patient Name:		Date of Birth: / /	
Household Information: (Please list everybody that lives in the patient's household.)			
Patient	Full Name	Account Number (Office Use Only)	Date of Birth
Yes / No			/ /
Yes / No			/ /
Yes / No			/ /
Yes / No			/ /
Yes / No			/ /
Family Size for Slide Calculations			

If necessary, list more household members on back.

Household Income:			
Frequency of Income	Type of Income	Amount of Income	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		Per Month	Per Year
Sliding Fee Scale Total Income		\$	\$

Are you renewing your Sliding Fee Discount? No Yes *If yes, continue to next questions.*
 Has anything prevented you from seeking healthcare in the last 6 months? No Yes
 If yes, what? _____
 Do our discounts allow you to receive the healthcare you need? No Yes
 If no, why? _____

For office use only:						
Sliding Fee Scale Honored (circle one) Level 1 Level 2 Level 3 Level 4 Level 5 Level 6						
Length of Sliding Fee Scale Honored:				Slide Expiration Date: / /		
Comments:						
Account Number:			Guarantor Account Number:			
Patient Signature:				Date / /		
Approved By :				Date / /		