SLIDING SCALE APPLICATION

This application is to document that you qualify for discounted healthcare provided by Dr. Chris Cooke, ND. This application process is not associated in any way with the NCNM clinic’s financial fees or policies. While verification is not required, it may be requested by Dr. Cooke.

Name:

Street Address:

City:

State:

ZIP:

Phone:

Email;

Number of members in your household:

Adjusted gross income for the year in which you are applying:

Qualification is based on the income per household on the back of this page. The figures are adjusted to be 1.5 times the poverty guidelines.

Sliding scale fees represent a 50% discount off the normal fee and is payable at the time of visit. This does not apply to nutritional supplements sold by the NCNm clinic nor by Dr. Chris Cooke. By signing below, you are stating that you qualify for the sliding scale option because you meet the income cap for the number of persons in your household.

Persons in household:

1 $16,755

2 $22,695

3 $28,695

4 $34,575

5 $40,515

6 $46,455

7 $52,395

8 $58,335

For families/households with more than 8 persons, add $3,960 for each additional person.

SOURCE: Federal Register, Vol. 77, No. 17, January 26, 2012, pp. 4034-4035

http://aspe.hhs.gov/poverty/12poverty.shtml