

Financial / Nominal Fee Assessment

Please answer the following questions:

1. Do you currently have active Medicaid? No Yes

(Having Medicaid or Medicare will not be used to determine eligibility for fee assistance discounts.)

2. Size of family unit: _____ *(Number of individuals supported by the family income: Family is defined as: a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered as members of one family. Bowen Center will also accept non-related household members when calculating family size.)*

3. Head of Household Name: _____

4. Total annual household income Salary: \$ _____

5. Below are the current federal poverty guidelines:

Income includes gross wages; salaries; tips; income from business and self-employment; unemployment compensation; workers' compensation; Social Security; Supplemental Security Income; public assistance; veterans' payments; survivor benefits; pension or retirement income; interest; dividends; royalties; income from rental properties, estates, and trusts; alimony; child support; assistance from outside the household; and other miscellaneous sources.

Household Size	200% of Federal Poverty Guidelines
1	\$27,180
2	\$36,620
3	\$46,060
4	\$55,500
5	\$64,940
6	\$74,380
7	\$83,820
8	\$93,260
	Add \$9,440 for each additional person

I certify I have no income.

****Supporting documentation of income is requested but not required to be eligible for the Sliding Fee Discount if you are uninsured****

My signature certifies that the total gross household income is accurate.

Patient or Parent/Guardian Signature

Date