

SIERRA VISTA COMMUNITY HEALTH CLINIC
800 East Ninth Avenue
Truth or Consequences, NM 87901
Phone 575-894-3221

SLIDING FEE SCALE APPLICATION

1. Eligibility for the Rural Health Clinic Sliding Fee Scale is dependent on the number of people in your family, your assets, and your family income.
2. Please fill out the Sliding Fee Scale application. Sign and date the application and return it with proof of income to the RHC office.
3. **PROOF OF INCOME** – We need current paycheck stubs or a letter from the company/person that you work for that reflects one month’s income for ALL applicable household members. If you or any applicable household member receives any other source of income, please provide that information as well.
4. **These are some examples of other income that you need to prove:**
 - √ Copy of most recent federal income tax forms.
 - √ Social Security, VA Benefits
 - √ Pensions, Retirement
 - √ Public Assistance
 - √ Unemployment
 - √ Disability Income, Worker’s Compensation
 - √ Child Support, Alimony
5. **We need proof of any assets you may own. These are examples of assets:**
 - √ Bank Accounts-Savings and Checking
 - √ Stocks, Mutual Funds, Bonds
 - √ Land or House that you do NOT live in
 - √ Certificates of Deposits
 - √ Trust Funds
6. All Co-Payments are required at the time of your office visit.
7. All applicants **MUST REQUALIFY** annually.
8. The Sliding Fee Scale will be reviewed and modified in accordance with the institution’s fiscal accounting year.
9. Records of all qualified applicants will be maintained in the RHC Office.