



## Sliding Fee Scale Program Agreement

I agree that the following has been explained to me and that I will follow ALL guidelines for this program. I understand that:

1. Services that are eligible under other programs such as CHDP (Children's Health Insurance Program), PACT (Family Planning), EWC – Cancer Detection Program (Breast and Cancer Screening), Medi-Cal, Medicare and others are not covered under this program.
2. Only services that are medically necessary are ordered by Providers of LK Health.
3. No in-office procedures are covered by this program, such as but not limited to, EKG, Ultrasound, Albuterol Treatments, Ear Lavage, Ingrown Toenail Removal, Wart Removal, Lacerations, etc. If the service is not covered, the Front Office staff will assist you with particulars.
4. In house CLIA Waived Laboratory tests such as, Hemoglobin, Urine Analysis, Strep Test, and Pregnancy Tests are covered under this program, as are the following injections: Rocephin, Decadron, and Toradol.

Outside Laboratory tests, are offered on a Sliding Fee Scale based on five (5) Self-Pay categories. The Front Office will assist with particulars.

If dispensed in-house, some medications prescribed by your medical provider may also be included. The clinical team strives to utilize the \$4 Formularies and/or Patient Assistance Programs for other medications, when possible.

5. The program does not cover services that are provided off-site at hospitals or other medical facilities.
6. The effective date of my participation in this program is decided by the LK Health Front Office staff. Once qualified, your enrollment is good for twelve months. If you have zero income, your enrollment will expire in three months, then you will be rescreened.
7. I agree to notify LK Health if my income level or the number of people in my household changes before it is time for renewal of my/our participation in the program.
8. At the moment of enrollment into the program, I understand that I am required to bring in all required documentation for proof of income for the household. If I do not have the documentation for the first visit, I am required to bring-in the documenttation within 30 days. I also understand that the staff of LK Health may request verification of income at any time during my/our participation in the program.

**9. Payment of sliding fee scale charges is required, at each visit, at the time the service is rendered.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_