



UNIVERSAL PRIMARY CARE

SOUTHERN TIER COMMUNITY HEALTH CENTER NETWORK • (716) 375-7500 • WWW.UPCHEALTH.NET
 135 N. UNION ST 132 WEST MAIN ST 9864 LUCKEY DR 445 BROAD ST 159 INTERSTATE PWKY
 OLEAN, N.Y. 14760 CUBA, N.Y. 14727 HOUGHTON, N.Y. 14744 SALAMANCA, N.Y. 14779 BRADFORD, P.A. 16701

APPLICATION FOR FINANCIAL ASSISTANCE PLAN (Sliding Rate Scale)

Universal Primary Care offers a sliding rate scale for all patients. The Sliding Rate Scale can reduce the cost of UPC services by 10-100% and is based on income and family size. If applicable, the sliding rate scale can be used in addition to your health insurance to help with your copayments and deductibles. To request it, complete this application including *all* requested information.

Patient Name (full):		Employer:		
Street	City	State	Zip	Phone

Number of family members: <i>(including self)</i>	Household income in the last twelve (12) months:	Household income for the last three (3) months:
Proof of income:		
	1040 Tax form from the previous tax year	
	Employer W2 for the previous year	
	The most recent receipts from the current employer (4 heels if paid weekly, 2 heels if paid fortnightly)	
	Social Security Benefits Statement for the current year	
	Department of Labor Unemployment Benefit Statement	
	Other:	

If any information I have given turns out to be false, I understand that STCHCN may re-evaluate my financial status and take any appropriate action.

Applicant's signature: _____ Application date _____

****Please send proof of income with the application. The application cannot be processed without the necessary proof of income.**

NOT COMPLETE- FOR STCHCN STAFF ONLY

This document was received at: _____ By: _____

Proof of income must be included with the application. Return the originals to the patient.

Send all forms to a care coordinator.



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Home information for slide assignment

	Name (First and Last Name):	Date of birth:
Head of Home:		
Spouse Name:		
Child's Name:		
Child's Name:		
Child's Name:		
Child's Name:		
Child's Name:		
Child's Name:		
Other dependents:		

***Provide the applicable information for each member of your household. Please note that this information is not used to process your request, but is used only to ensure that your entire family is assigned the appropriate slide reduction. If you do not provide home information, the slide will only apply to the account of the person submitting this sliding fee request. If you have any questions about the sliding fare process, please contact UPC at (716) 375-7500.