



SLIDING SCALE DISCOUNT PROGRAM
Compassionate financial support

Thank you for applying to our Sliding Scale Discount Program!

These documents will need to be turned in before your application can be processed:

- Completed Application
- Proof of Income

Please return all documents to your Patient Financial Advocate within 30 days of your first appointment.

Family Health Centers and Internal Medicine

Financial Advocate

Phone: (828) 771-3507

Fax: (828) 407-2640

Mailing Address:

123 Hendersonville Rd
Asheville, NC 28803

Ob/Gyn Specialists

Financial Advocate

Phone: (828) 771-5443

Fax: (828) 407-2639

Mailing Address:

119 Hendersonville Rd
Asheville, NC 28803

Center for Psychiatry and Mental Wellness

Financial Advocate

Phone: (828) 771-3460

Fax: (828) 820-8327

Mailing Address:

125 Hendersonville Rd
Asheville, NC 28803

Dental Health Centers

Financial Advocate

Phone: (828) 398-5918

Fax: (828) 552-8691

Mailing Address:

123 Hendersonville Rd
Asheville, NC 28803

If you have any questions regarding this program, please feel free to contact your Patient Financial Advocate at the numbers listed above.

Thank You!

Annual Household Income for all working adults

Source	Self	Spouse	Other	Total
Last two pay stubs, tax form with schedule C if you are self-employed, or letter from employer				
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income				
Interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other other miscellaneous sources				

NOTE: Copies of tax returns, pay stubs, or other information verifying income are required before a discount is approved.

I certify that the family size and income information shown above is correct.

Name (please print) _____ Date _____

Signature _____

Office Use Only

Approved by: _____

Date approved: _____

Family size: _____

Income: _____

Approved discount: _____

Date received signed agreement: _____

Verification Check List

Yes

No

Identification/Address: Driver's license, utility bill, employment ID, or		
Income: Prior year tax return, two most recent pay stubs, or other		