



POLICY

Gaston Family Health Services is dedicated to providing quality health care including health education and preventative care services to all members of the community regardless of financial barriers (ability to pay) through regular publication of a sliding fee scale.

Uninsured patients of Gaston Family Health Services, Inc. with a household income at or below 200% of the Federal poverty level (FPL) and that provide required documentation will be eligible for medical, dental, and prescription discounts. GFHS will annually revise and re-issue its sliding scale to reflect changes in the Federal Poverty guidelines.



SLIDING SCALE FEE APPLICATION

Patient Name (First, Middle, Last): _____ Date of Birth: _____

Mailing Address: _____ Phone: _____

City, State, Zip: _____ SS#: _____

Total in Family Unit: _____ Number of Adults _____ Number of Children _____

Do you have Health Insurance or Medicaid? YES _____ NO _____ If yes, What type? _____

SOURCES OF INCOME FOR APPLICANT AND PERSONS IN THE FAMILY (Dependents)

*****Applicant must provide documentation with the application. A list of appropriate documents is listed below. Provide the documents that are applicable to you and your family.**

- **Applicant’s Salary** - Provide at least one of the following as applicable to you:
 - Two most recent pay stubs
 - Letter on letterhead from employer that states current hourly rate and normal number of hours in work week
 - If self employed, provide your most recent tax returns including 1099 Schedule C
- **Other Family Member’s Salary:** Provide at least one of the items required for the applicant’s salary.
- If unemployed (either applicant or other family members), please provide:
 - Wage history (from Employment Security Commission) AND
 - Unemployment Wage Summary (from E.S.C.)
- Current statement for disability, social security, and/or pension showing monthly earnings
- Alimony and/or child support – Indicate amount paid or provide statement of monthly alimony and/or child support income.
- Worker’s compensation benefits
- VA/pension income
- Public Assistance
- Food Stamp Verification
- **No source of income** - Provide us with a letter that supports your current financial status. This letter may ONLY come from a minister/priest/rabbi, director of a homeless shelter, landlord, or social/case worker. Complete and provide the ‘Verification of income received from relatives/friends’ form (Notarized).



Total in Family Unit _____ Number of Adults _____ Number of Children _____ Under18 _____

Please list household income below

Household is defined by GFHS as the taxpayer plus his/her dependents

Name	DOB	Relationship	Income \$	Frequency of Payment	Source
		Applicant			

Total Household Gross Income: \$ _____ / yr.

() Relatives/Friends Contribution Form () Zero Income Affidavit () Tax Return () W-2



**Gaston Family
Health Services**

- All of the information provided on this application is true and correct and the applicant has not omitted any material matters in providing the information.
- At anytime there is a change in the total family income or health care coverage, Gaston Family Health Services will be notified and such change will be supported by the submission of appropriate documentation.
- Approval of this application is limited to a maximum of (6) months from the date of approval.
- The applicant is at least 18 years old, has been declared by a court to be emancipated, or is emancipated by marriage or other legal definition.
- If the applicant participates in pharmaceutical assistance programs offered by Gaston Family Health Services' pharmacy department, permission is given for the pharmaceutical companies or its designees to review records for audit purposes.

I agree that failure to provide proof of income will remove me and my family from the Gaston Family Health Services, Inc. sliding fee scale discount program. I understand that my fees are based on the financial information which I have provided and agree that the information provided is true and includes all household income. I agree to notify Gaston Family Health Services, Inc. of any and all changes to my insurance status and/or household income.

X _____
Signature of Applicant or Parent/Guardian

Date Signed

GFHS Witness Signature

Date Signed



Medication Assistance Program Guidelines

Obtaining medications through the Medication Assistance Program (MAP) is a gift and cannot be guaranteed to be available or to arrive on time. It is your responsibility to obtain your own medications if this happens. Drug companies as well as GFHS reserve the right to remove medication from their program at any time.

If you filed taxes within the latest taxable year we require your 1040 forms. If you did not file and were not claimed as a dependent on someone else's tax forms we will need you to sign a 4506 T form stating this. If neither of these apply to you we need copies of the most recent paychecks verifying household income for the last month. If there is no household income we will need you to file for Medicaid and bring us a denial letter stating you cannot be covered on Medicaid and a letter of who is supporting you.

Once you have been approved for MAP and to remain active you must notify both the MAP and Pharmacy offices of any changes made to medication, household income, address, phone numbers, or if you obtain insurance or Medicaid. When initially enrolled it could take up to 8 weeks or longer for meds to arrive (although the drug company could mail you notification that they have already shipped we still have to process the medication in our system). GFHS must receive all meds shipped directly to us to ensure you of an accurate reorder date. However, you must notify us if they are shipped to your home by mistake. Also it is very important for you to call us if you receive any paperwork in the mail from the drug company.

When your medications are ready to be picked up you will receive an automated phone call from the pharmacy. The medications that you receive through MAP are free but there will be a \$6.00 processing fee to be paid to the pharmacy for each 90 day supply at the time of pickup. You will have 30 days to pick up your medicine or it will be returned to stock and you can be discharged from the program for being non-compliant.

To be eligible to receive medication through MAP we require your signature giving us permission for us to: Sign your name on applications and letters from prescription assistance programs only; attest that you do not have insurance, Veterans Affairs or Medicaid and that you will notify us of any changes in your circumstances.

If you have any questions or concerns in relation to the Medication Assistance Program please call our office at **704-862-6111**.

X _____
Patient Signature Date

GFHS Witness Signature Date

Request for Transcript of Tax Return

OMB No. 1545-1872

- ▶ Do not sign this form unless all applicable lines have been completed.
- ▶ Request may be rejected if the form is incomplete or illegible.
- ▶ For more information about Form 4506-T, visit www.irs.gov/form4506t.

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	

Caution: If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶

a Return Transcript , which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days	<input type="checkbox"/>
b Account Transcript , which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days	<input type="checkbox"/>
c Record of Account , which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days	<input type="checkbox"/>

7 Verification of Nonfiling, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days . . .

8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days . . .

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

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Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

<input type="checkbox"/> Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See Instructions.	Phone number of taxpayer on line 1a or 2a
▶ Signature (see instructions)	Date
▶ Title (if line 1a above is a corporation, partnership, estate, or trust)	Date
▶ Spouse's signature	Date