COMMUNITY HEALTH SYSTEMS, INC.

Patient Family Size and Income Questionnaire

CHSI is a Federally Qualified Health Center (FQHC). FQHCs are safety net providers that provide services on an outpatient basis. The main purpose of the FQHC Program is to enhance the provision of primary care services in medically underserved communities.

As an FQHC, we are required to have a Sliding Fee Discount (SFD) Program which adjusts fees based on the patient's ability to pay in accordance with the Federal Poverty Level guidelines. **All CHSI patients are eligible to apply** for the Sliding Fee Discount Program. Discounted fees are provided to those who qualify. The ability to pay is determined by a patient's gross annual income and family size. Individuals and families with annual incomes above 200 percent of the FPG are not eligible for sliding fee discounts.

While the Program supports the concept that patients can be monetarily invested in their care based on their ability to pay, its implementation is intended to minimize financial barriers to care for patients at or below 200 percent of the Federal Poverty Level Guidelines (FPL).

The information you are providing will not be sent to anyone or anywhere, and will only be used to monitor compliance. It is strictly confidential and will only be reviewed for audit purposes.

Please tell us how many people are in your household (by household we mean who you claim on your tax return, including yourself).

Number of persons in your household ☐

Please tell us your households' total gross annual income (gross is the amount before taxes are taken out):

Self ☐

Spouse ☐

Child 1 ☐

Child 2 ☐

Child 3 ☐

Child 4 ☐

Total Annual Family Income ☐