Rosa Clark Medical Clinic Association

PATIENT RE-ENROLLMENT APPLICATION

***You should complete only if you would like to qualify for the sliding fe													
									Date of Bir	tn:			
SS#: Phone #:					A 11		Const. Address.						
				Alternate #:			Email Address:						
Address: Street							City		State	Zin Co	<u></u>	<u>-</u>	
Mailing address if different from above:							City	State	Zip Code				
	_		nese apply		ovc				-				
		•	,	•	dent		Food inse	curity		Veteran			
Homeless Public Housing Res Housing Insecurity							Financial			_ votoran			
•			Access to F			ion		Juan					
If you have	e insura	ance pl	ease list he	ere:									
			*****PI	ease provi	de Insi	urance Cai	d to Enrolli	ment C	Coordinator	to Copy			
How many	people	e live a	t the addre	ss above?			_						
List the an	nount o	f mont	hly Gross I	ncome for	each p	erson in th	e home:						
Self			_	Source of Income:									
Other Hou	sehold	Incom	е	\$		Source of Incom				ie:			
Other Household Income \$ Other Household Income \$ Total Monthly Gross Income \$						_	Source of Income:						
Total Monthly Gross Income \$													
				Rosa	Clark	Sliding F	ee Scale 2	2024					
	Plan 1 Plan 2 Plan 3 Plan 4											1	
Persons in House- hold	At or below 100% FPL or below			At 101% - 125% FPL			At 126% - 150% FPL			At 151% - 200% of FPL			
1	0	to	\$15,060	\$15,061	to	\$18,826	\$18,827	to	\$22,590	\$22,591	to	\$30,120	
2	0	to	\$20,440	\$20,441	to	\$25,551	\$25,552	to	\$30,660	\$30,661	to	\$40,880	
3	0	to	\$25,820	\$25,821	to	\$32,276	\$32,277	to	\$38,730	\$38,731	to	\$51,640	
4	0	to	\$31,200	\$31,201	to	\$39,001	\$39,002	to	\$46,800	\$46,801	to	\$62,400	
5	0	to	\$36,580	\$36,581	to	\$45,726	\$45,727	to	\$54,870	\$54,871	to	\$73,160	
6	0	to	\$41,960	\$41,961	to	\$52,451	\$52,452	to	\$62,940	\$62,941	to	\$83,920	
7	0	to	\$47,340	\$47,341	to	\$59,176	\$59,177	to	\$71,010	\$71,011	to	\$94,680	
8	0	to	\$52,720	\$52,721	to	\$65,901	\$65,902	to	\$79,080	\$79,081	to	\$105,440	
		Foi	r families/hou	seholds with	more th	an 8 persons	, add \$5,380	for each	n additional p	erson.			
		Th	nere is no disc	ount for hou	sehold i	ncome over 2	200% of the F	ederal F	Poverty Guide	elines			
Office Visit	\$0.00			\$2.00			\$5.00			\$10.00			
Pharmacy													
Co-pay Per RX	\$0.00 per RX			\$1.00 per RX			\$2.00 per RX			\$3.00 per RX			
			our income i		•		•				00 per	KX	
following to	verify ye	our inco	ome:	·		-			-				
									Eligibility Le	etter			
Last 4 Paystubs							Social Security Eligibility Letter						
			f Temporary	Living Assi	stance				,	,			
By signing	below,	I herel	oy attest:										
That the ab	ove info	rmation	is true and	accurate an	d I here	eby authoriz	e treatment.						
Date						Patient Signature							
-	Date					Enrollment Coordinator				Revised 2/28/2023			