



## **Sliding Fee Scale Refusal/Waiver Form**

I understand that Northland Health Centers (NCHC) is a Federally Qualified Health Center (FQHC). I also understand that because NCHC is an FQHC, all patients are eligible to apply for the Sliding Fee Program, entitling patients to discounted medical, behavioral health, and dental care based on household size and income.

I acknowledge that clinic staff has educated me about the Sliding Fee Program and allowed me to ask questions regarding the program.

At this time, I am choosing to refuse a Sliding Fee application. I understand that I am able to apply at any time by contacting clinic staff or the Administrative offices.

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Printed Name

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Signed Name

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Date Signed