

# Health Quarters

## Application for Discounted Care & Information Form

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_  
 Sex: \_\_\_\_\_  Female  Male

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone 1:  Home  Work  Cell \_\_\_\_\_ Phone 2:  Home  Work  Cell \_\_\_\_\_

Email Address: \_\_\_\_\_

**Health Quarters may contact me at (please check all that apply)**

- Phone 1
- Phone 2
- Billing Address
- Address if different from above \_\_\_\_\_

Health Quarters receives government funding that pays for some services and supplies. This funding is based on your household income. Please answer the following questions to determine if you qualify for discounted care. We will review your income at least once each year, or whenever you report changes, such as a new job, loss of or increase in wages or support, etc. **If fees for services are a financial hardship to you, we will be happy to discuss payment arrangements, at your request.**

**1. Do you have the following health insurance?  YES  NO**

- If YES please check all that apply:
- Mass Health
  - Network Health
  - Harvard Pilgrim
  - Tufts
  - BMC Health Net
  - Neighborhood Health

**2. If yes, are we billing your visit to your insurance today?  YES  NO**

**3. Race/Ethnicity (Check One)**

- 1. White
- 2. Black
- 3. American Indian / Alaskan Native
- 4. Asian
- 5. Unknown/Not Reported

**3a. Hispanic (Check One)**

- YES
- NO
- Unknown/Not Reported

**4. Primary Language Spoken (Check One)**

- 01. English
- 02. Spanish
- 03. Portuguese
- 04. C Verdean Creole
- 05. Haitian Creole
- 06. Khmer
- 07. Hmong
- 08. Lao
- 09. Vietnamese
- 10. Chinese
- 11. French
- 12. American Sign
- 13. OTHER
- 14. Russian
- 15. Unknown

**5. Are you able to understand your visit today in English?  YES  NO**

**6. In case of emergency Health Quarters may contact:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_

**-For Health Quarters Staff Use Only -**

Money from a job (the amount you make before taxes but after tips)

**\*hourly wage \_\_\_\_\_ X hours per week worked \_\_\_\_\_ = \_\_\_\_\_**

Family/household weekly income\*\* \_\_\_\_\_

\*\*This could include, money from a spouse's or partner's or parent's job, public assistance (e.g. welfare, TAFDC), child support and/or alimony, unemployment benefits, workman's comp, or disability payments

Patient Type (Circle One)

- 1 DPH-FP <100%
- 2 DPH FP
- 6 Medicaid/Mass Health
- 7 Tufts
- 8 Network Health
- 9 Other \_\_\_\_\_
- 10 STD Clinic (Haverhill)
- 11 Harvard Pilgrim
- 12 BMC Health Net
- 13 Neighborhood Health-NHP
- 50-58 Title X (refer to sliding fee scale)

Total Weekly Income \_\_\_\_\_

Family Size \_\_\_\_\_

\_\_\_ **Eligible for DPH FP**

\_\_\_ **Eligible for Title X**

\_\_\_ **<100% of FPL**

**Medic Hold**

<b>INCOME LEVELS as of 04-01-09</b>										
Household Size	Weekly Income:									
	0-100%	101-125%	126-150%	151-175%	176-200%	201-225%	226-250%	251-275%	276-300%	301% +
1	\$0 - 208	209-260	261-312	313-364	365-416	417-468	469-520	521-572	573-624	625 & above
2	\$0 - 280	281-350	351-420	421-490	491-560	561-630	631-700	701-770	771-840	841 & above
3	\$0 - 352	353-440	441-528	529-616	617-704	705-792	793-880	881-968	969-1056	1057 & above
4	\$0 - 424	425-530	531-636	637-742	743-848	849-954	955-1060	1061-1166	1167-1272	1273 & above
5	\$0 - 496	497-621	622-744	745-868	869-992	993-1116	1117-1240	1241-1364	1365-1488	1489 & above
6	\$0 - 568	569-710	711-852	853-994	995-1136	1137-1278	1279-1420	1421-1562	1563-1704	1705 & above
7	\$0 - 640	641-800	801-960	961-1120	1121-1280	1281-1440	1441-1600	1601-1760	1761-1920	1921 & above
8	\$0 - 711	712-889	890-1066	1067-1244	1245-1422	1423-1600	1601-1777	1778-1955	1956-2133	2134 & above

Reviewer's Initials \_\_\_\_\_ Date \_\_\_\_\_