

Mountain Comprehensive Health Corporation

Patient Registration Form

So that we may better protect your privacy, we now request each patient to complete the following form (front and back).
Be certain to answer each item to the best of your knowledge.

If you need assistance in completing this form or have any questions, please ask your receptionist.
Once you have completed and signed the back of this form, please return the form to your receptionist.
Thanks in advance for your cooperation!

PATIENT INFORMATION

Name:

Physical Address:

Mailing Address:

Home Phone:

SSN:

Gender: M F

Birthdate:

Marital Status: Single Married Divorced Widowed Separated

Employment Status: *(Circle One)* Full Time Student Part Time Student

Full Time Part Time Unemployed Self-Employed Retired Active Duty

Employer Name:

Employer Phone:

Employer Address:

Ethnicity: *(Circle One)* Hispanic Non -Hispanic

Veteran: *(Circle One)* YES NO

Race: *(Circle One)* Black/ African American Asian Pacific Islander White
More Than One Race American Indian/ Alaska Native Native Hawaiian

Emergency Contact: Name:

Relationship:

Phone:

RESPONSIBLE PARTY

Spouse Parent Other

(Person who is responsible for paying the bill)

Self (If Self, Proceed to Section C)

Name:

Physical Address:

Mailing Address:

Home Phone:

SSN:

Gender: M F

Birthdate:

Marital Status: Single Married Divorced Widowed Separated

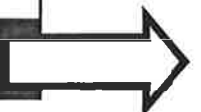
INSURANCE If Uninsured, Please Proceed to Section D

Please present all insurance cards to receptionist

Primary Insurance: *(Name of Insurance)*

Secondary Insurance: *(Name of Insurance)*

PLEASE GO TO THE NEXT PAGE



SLIDING SCALE

YOU MAY QUALIFY FOR A DISCOUNT!!!

Please review the chart below.

If your Income to Family Size Ratio falls in Columns A,B,C, or D you may be eligible for the MCHC Sliding Scale. To verify eligibility, please sign and date the appropriate grey box below and ask your MCHC Receptionist.

Mountain Comprehensive Health Corporation
 Sliding Scale Schedule of Family Income and Percent of Charge Payable
 (Based on Community Service Administration Guidelines)

Non-Farm Family
 EFFECTIVE January 22, 2010

	A	B	C	D	E
FAMILY SIZE	INCOME UP TO	INCOME UP TO	INCOME UP TO	INCOME UP TO	INCOME OVER
1	10,830	13,538	16,245	21,660	21,660
2	14,570	18,213	21,855	29,140	29,140
3	18,310	22,888	27,465	36,620	36,620
4	22,050	27,563	33,075	44,100	44,100
5	25,790	32,238	38,685	51,580	51,580
6	29,530	36,913	44,295	59,060	59,060
7	33,270	41,588	49,905	66,540	66,540
8	37,010	46,263	55,515	74,020	74,020
9	40,750	50,938	61,125	81,500	81,500
10	44,490	55,613	66,735	88,980	88,980

*Some Limitations May Apply.

INTERESTED IN SLIDING SCALE

The guidelines for the MCHC Sliding Scale Policy have been explained to me and I have reviewed the income level qualifications. I would like more information in applying for the Sliding Scale program.

 Signature Date

NOT INTERESTED IN SLIDING SCALE

OR

The guidelines for the MCHC Sliding Scale Policy have been explained to me and I have reviewed the income level qualifications. At this time, I do not qualify for the program or otherwise do not wish to apply.

 Signature Date

FOR INTERNAL USE ONLY
 Reviewed by _____ Date _____

FOR INTERNAL USE ONLY
 Reviewed by _____ Date _____

FOR INTERNAL USE ONLY
 Reviewed by _____ Date _____

FOR INTERNAL USE ONLY
 Reviewed by _____ Date _____

FOR INTERNAL USE ONLY
 Reviewed by _____ Date _____

D

E