



**SLIDING FEE DISCOUNT APPLICATION**

Return completed application(s) and income documentation **within 10 business days** of a visit to any Complete Health location

Or mail directly to: 350 Pine St./Rapid City, SD 57701  
 Or email it to [patientsupport@chsd.care](mailto:patientsupport@chsd.care)  
 Or fax to (605) 721-8823

Complete Health offers discounts on certain services, based on a patient’s household income and size. To qualify for the Sliding Fee, you must show proof of income for all family members/individuals living in your household for whom you are financially responsible. Your household income will be reassessed as needed. You must re-apply and provide updated income documentation at that time. To qualify, please provide (all that is applicable):

- Previous year’s Federal tax returns, W-2’s or 1099’s (personal and/or business if self-employed)  
Most recent paystubs spanning four weeks
- Three months of business ledgers if self-employed
- Social Security or pension income (including disability letters) or bank statements
- Veterans Administration/Affairs benefit letters
- Child support letters, SNAP notices
- Unemployment benefit /workman’s compensation
- Foster care or other public assistance award letters

**Please note: you may still be responsible for the payment of some procedures, labs and medications. If you have questions, please contact the Complete Health Billing Department at (605) 721-8939.**

***Self-Attestation of Income***

I certify that my **annual** gross household income is \$ \_\_\_\_\_ and I have \_\_\_\_\_ individuals in my household.

Household Size	Sliding Fee Discount Program Level					
	A	B	C	D	E	F
1	Below \$15,060	\$15,061 to \$18,825	\$18,226 to \$22,590	\$22,591 to \$26,355	\$26,356 to \$30,120	Above \$30,121
2	Below \$20,440	\$20,441 to \$25,550	\$25,551 to \$30,660	\$30,661 to \$35,770	\$35,771 to \$40,880	Above \$40,881
3	Below \$25,820	\$25,821 to \$32,275	\$32,276 to \$38,730	\$38,731 to \$45,185	\$45,186 to \$51,640	Above \$51,641
4	Below \$31,200	\$31,201 to \$39,000	\$39,001 to \$46,800	\$46,801 to \$54,600	\$54,601 to \$62,400	Above \$62,401
5	Below \$36,580	\$36,581 to \$45,725	\$45,726 to \$54,870	\$54,871 to \$64,015	\$64,016 to \$73,160	Above \$73,161
6	Below \$41,960	\$41,961 to \$52,450	\$52,451 to \$62,940	\$62,941 to \$73,430	\$73,431 to \$83,920	Above \$83,921
<b>For each add'l person</b>	Add \$5,380	Add \$6,725	Add \$8,070	Add \$9,415	Add \$10,760	

To qualify for this discount, you must provide us with the above income documentation within 10 days of this visit, which is \_\_\_\_\_.

I have none of the above sources of income (Since I do not have a source of income, I agree to meeting with a Complete Health staff member to review how I am providing for my basic life essentials/food/shelter)