

# Port Lavaca Clinic Associates

1200 N. Virginia Street

Port Lavaca, Texas 77979

361-552-6721

## Sliding Fee Scale Application

Please return the information below as soon as possible so that I may process your application. Once all information is brought in, we will be able to let you know what percentage of assistance you will qualify for, if any.

### We will need copies of the following information along with your application:

1. I.D. or Driver's License
2. Social Security Card
3. Last 4 check stubs (Types of income include: VA Benefits, Workman's Compensation, Social Security Payments, Unemployment, Child Support, Rental Properties &/or AFDC/TANF)
4. Last Bank Statement (Check/Savings Accounts)
5. Notice of Food Stamp Benefits
6. Denial Letter from State Medicaid
7. Proof of address (any bill or mail with your name & correct address)
8. Automobile Amounts:  
Amount still owed: \$ \_\_\_\_\_  
Value of Vehicle: \$ \_\_\_\_\_

If you have any questions or need help with your application, please call me at the phone number listed above during normal business hours.

Sincerely,

Bernice Aguilar – Insurance representative

# PORT LAVACA CLINIC ASSOCIATES

1200 N. VIRGINIA ST.  
PORT LAVACA, TEXAS 77979  
(361)552-6721

By marking the correct statement, I verify that I:

DO have a checking/savings account under my name and will bring in a copy of my last statement as soon as possible.

DO NOT have a checking/savings account under my name.

The statements I have made, including my answers to all questions, are true and correct to the best of my knowledge and belief.

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Patient Signature

Date

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Patient Name Printed

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Witness

Date

**THIS FORM IS TO BE FILLED OUT BY THE PERSON WHOM HELPS YOU**

Case Name: \_\_\_\_\_

1. If you help the applicant by providing them with money, indicate how much and how often:

Amount: \_\_\_\_\_ How often: \_\_\_\_\_

**Complete one of the following that best fits your situation:**

2. Do you provide free living space for the applicant(s)?

Explain below:

3. Do you pay bills for the applicant(s)? Explain below:

4. Do you and the applicant(s) split the cost of living?

Explain below:

Your signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone #: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

**If you intentionally give false information to help someone get benefits to which they are not entitled. You can be fined, imprisoned or both.**