



West Custer County Hospital District

704 Edwards
Westcliffe, CO 81252
Phone 719 783-2380 | Fax 719 783-2377



West Custer County Hospital District Sliding Fee Discount Questionnaire

Patient Name _____ Date _____

Please check the circumstances listed that cause you to seek discounted care

_____ I am not eligible for Medicare, Medicaid, or CHP+

_____ I cannot afford private health insurance

_____ My employer does not offer health insurance benefits

_____ My employer offers health insurance, but the employee share is too high

_____ I am not covered by my employed family member's health insurance

Depending on the level of discount I am approved for, I attest that if my income changes I will notify Custer County Clinic.

I agree to provide Custer County Clinic with the financial information necessary to complete this discount request.

If any information provided in this questionnaire is found to be false, I understand I will be denied future discounts at the Custer County Clinic.

Signature

_____ Medicaid financial application completed

_____ Discount Level Awarded (write level of award)

_____ Date & Custer County Clinic Representative initials

Updated 8/2018