



Family Medicine Residency Program at Cheyenne
820 East 17th Street • Cheyenne, WY 82001
(307) 632-2434 • fax (307) 634-9295

UWFM Sliding Fee Scale (SFS) Patient Acknowledgement Form

Thank you for choosing the University of Wyoming Family Medicine Clinic as your healthcare provider. Your clear understanding of our financial policy is important to our professional relationship. Please understand that payment for services is part of that relationship. To assist you in understanding that financial responsibility, we ask that you read and sign this form. Please feel free to ask if you have any questions.

Patient Responsibilities:

- Upon receiving the UWFM SFS application, you will meet with clinic staff to discuss our financial assistance program.
- You have seven (7) business days to fill out and return your SFS application to UWFM with the required financial documentation.
- Failure or refusal to follow through with providing our office a completed and signed UWFM SFS application will result in no discount and payment in full will be required at the time services are provided.
- If I am approved for a SFS discount, my copay is required at time of service.
- Payment arrangements may be made in advance.
- Failure to comply with your agreed upon payment arrangement with our clinic staff could result in your account being sent for collections.
- UWFM will make every effort to work with you and your financial situation. Case Management may be able to provide you with additional assistance.
- SFS discounts are not all-inclusive. You may be charged per service.
- UWFM accepts cash, personal in-state checks, and VISA and MasterCard credit card payments.

The lab is owned and operated by CRMC. It is important that you apply for CRMC's Financial Assistance Program. Failure to do so may cause delays in tests ordered by your physician.

- **PLEASE NOTE:** There is a \$25.00 service charge for returned checks.

I have read, understand, and agree to comply with the UWFM SFS Policies.

UWFM Patient Printed Name	Signature	Date
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<<To Be Completed by UWFM Staff Only>>

Patient signed/refused to sign acknowledgement of receipt of the policy.

UWFM Business Office Employee - Signature and Initials	
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UNIVERSITY OF WYOMING

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Sliding Fee Scale Application

University of Wyoming provides patient care regardless of ability to pay or insurance coverage status. You may be eligible to receive care at a reduced cost through our Sliding Fee Scale program, for which eligibility is based on income and family size.

Required Documentation:

PHOTO IDENTIFICATION

Examples are Driver's license, passport, student ID, etc.

INCOME VERIFICATION

In order to determine where you fall on the sliding fee scale, we must first determine family size and household income. Acceptable ways to document family size and household income may include the following:

- **Most recent tax return**
- If you are unable to provide a copy of your tax return, please complete and attach IRS form 4506-T
- Three months of current pay stubs
- A copy of your current social security benefit award letter,
- A copy of your unemployment benefits letter,
- A copy of your worker's compensation statement
- A copy of your child support award print-out
- A letter from your employer,
- A copy of denied unemployment letter,
- A letter from the Comea Shelter verifying a recent stay at the shelter,
- A letter from the Family Promise program stating you are homeless and in their care,
- A Statement of Self-Declared Income form filled out and signed by the person providing assistance to you and/or your family.

Also provide the name and date of birth of each person who lives in your household, and indicate their relationship to you.

Please return your completed application along with required documents to the office in person, by mail to University of Wyoming Family Medicine at 820 East 17th Street, Cheyenne, WY 82001, or by faxing to (307) 634-3510. If you have any questions or need assistance with this application process, you may contact the office at (307) 632-2434, extension 204.

Client Information

Legal Last Name	First Name, M.I.	Date of Birth		Gender	Social Security #		
Physical Address	City	State	Zip	Home Phone	Cell Phone		
Mailing Address	City	State	Zip	Work Phone	Message Phone		
Email Address	Marital Status	Race (Circle One) Asian White Unavailable		Ethnicity (Circle One) Not-Hispanic Hispanic/Latino Ethnic Black Decline to Answer		Housing Information (Circle One) Own Homeless Rent HUD/CHA Rent Free Group Home	
Employment Status (Circle one) Employed Retired Unemployed Disabled Self Employed Student	Are you a Veteran? Yes / No	Are you a U.S. Citizen? Yes / No		Decline to Answer			
Employer Name				Employer Phone Number			
Employer Address				Date Hired			
Household Members:							
Name	DOB	SS #	Gender	Relationship			
Name	DOB	SS #	Gender	Relationship			
Name	DOB	SS #	Gender	Relationship			
Name	DOB	SS #	Gender	Relationship			
Name	DOB	SS #	Gender	Relationship			
Name	DOB	SS #	Gender	Relationship			

Date Given: _____
 Date Received: _____
 Acct# _____
 Level _____
 Valid _____
 Family _____
 to _____

My signature indicates that all of the information I have provided is true and correct.

Signature of Responsible Party: _____ Date: _____

Statement of Self-Declared Income

A. Patient:

- a. Please list yourself and the persons in your household (Yourself, spouse and dependents)

- b. Have you ever filed an IRS tax return? _____ If yes, when was the last time you filed? _____

*****STOP HERE! THE REST OF THIS FORM NEEDS TO BE COMPLETED BY THE PERSON HELPING YOU FINANCIALLY OR EMPLOYED BY*****

B. Shelter / Nutritional Support:

- a. I pay for or furnish shelter for the person(s) listed at the top of this page (Part A):

Yes _____ No _____

- i. If YES, list the address of the shelter or housing provided: _____
1. How much do you contribute per month? _____
ii. If NO, who pays for or furnishes shelter? _____

- b. I provide food for the person(s) listed at the top of the page: YES _____ NO _____

- i. If NO, how is food purchased? SNAP _____ Food Banks _____ Other _____
ii. If YES, approximately how much do you contribute for food per month? \$ _____

- c. Is the person listed above as the patient paying rent or utilities? YES _____ NO _____

- i. If YES, how much does the person(s) pay for rent? \$ _____ Utilities \$ _____

C. Unemployed:

- a. To the best of my knowledge, are any of the people listed in Part A employed?

YES _____ NO _____

- i. If YES, who is employed and where?

1. Name: _____
2. Place of Employment: _____

D. Verification of Employment:

- a. I employ the following person(s) listed in Part A: _____

- b. The employed individual's monthly wage is \$ _____

I declare under penalty of perjury, that all statements on this form are true to the best of my knowledge.

Signature of person completing this form

Signature of Patient or Legal Guardian

Print Name

Date

Printed Name of Patient

Address

Phone Number

Relationship to Patient



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Community Connect Summary

In order to serve you better, Cheyenne Regional participated in the Laramie County Goal Connect Collaborative. Goal Connect linked multiple agencies together to better serve clients, reduce duplication efforts and decrease gaps in access to the most needed services. Although the Goal Connect database is no longer active, Financial Navigators may continue to share your information with community partners upon your request to assist with your application and eligibility process throughout the community for other assistance programs.

Purpose and Benefits to your Care

We want to better serve your needs through coordinating services. Sharing your individual information may reduce the need for a referral or connect you to public programs and community service groups that may help you. Participating can also reduce repeated paperwork.

You Choose to Participate

We ask you to sign this form which allows Cheyenne Regional Financial Navigators to share your financial assistance application packet with community partners with whom Cheyenne Regional collaborates. It is your choice to sign. No provider may refuse to treat you if you do not sign. If you do not sign the form, Financial Navigators will not share your information. You may cancel your authorization at any time. Cheyenne Regional Financial Navigators do not receive any reimbursement, incentive, referral fees or any other type of monetary, reward, tangible or intangible benefits for such referral.

Security and Privacy Information

Federal and state laws protect the privacy of your information. Financial Navigators will share information via fax upon your request. Financial Navigators comply with HIPAA privacy practices. You will receive the HIPAA notice of Privacy Practices, which gives you the additional information about the provider's respective confidentiality policies.

Current Collaborating Partners are:

- Cheyenne Regional
- HealthWorks
- Peak Wellness Center, Inc.
- Needs, Inc.
- COMEA Shelter
- Community Action of Laramie County - Healthcare for Homeless
- Community Action of Laramie County - Kinship Support Services
- University of Wyoming Family Practice

*** Financial assistance is based upon the individual organization's financial assistance policy. An approval for financial assistance with one organization does not guarantee an approval or a specific level of assistance at all locations.*



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Community Connect Consent Form

- I understand by signing this form, I give permission for a Cheyenne Regional Financial Navigator to share my individually identifiable information with community partners with whom they collaborate.
- I understand that my individual information could include participating in an agency program, demographic information to include name, birth date, gender, race, social security number, address, phone number, household members, financial information, employment status, residential information, health and treatment history and/or personal or family information.
- I have reviewed the list of current collaborating partners, and I know that others may be added later. A list of partners is available to me upon my request.
- I have received a copy of this form.
- I understand that this form will be effective unless I cancel it. I can cancel this authorization at any time by providing a written request.
- I understand if I sign on behalf of someone else, I am certifying that I have authority under Wyoming law to make health care and social services decisions for that person.
- I understand I am allowing a Financial Navigator to share my individual identifiable information with only the collaborating partner(s) listed that I go to for services.
- I understand that this is my choice to sign and that no provider may refuse to treat me if I do not sign.

I have read and understand the above information.

Your Name (Print)

Relationship to Patient

Your Signature (or Representative)

Date

Financial Navigator

Date

Request for Transcript of Tax Return

- ▶ Do not sign this form unless all applicable lines have been completed.
- ▶ Request may be rejected if the form is incomplete or illegible.
- ▶ For more information about Form 4506-T, visit www.irs.gov/form4506t.

OMB No. 1545-1872

Tip: Get faster service: Online at www.irs.gov, **Get Your Tax Record** (Get Transcript) or by calling 1-800-908-9946 for specialized assistance. We have teams available to assist. **Note:** Taxpayers may register to use [Get Transcript](#) to view, print, or download the following transcript types: **Tax Return Transcript** (shows most line items including Adjusted Gross Income (AGI) from your original Form 1040-series tax return as filed, along with any forms and schedules), **Tax Account Transcript** (shows basic data such as return type, marital status, AGI, taxable income and all payment types), **Record of Account Transcript** (combines the tax return and tax account transcripts into one complete transcript), **Wage and Income Transcript** (shows data from information returns we receive such as Forms W-2, 1099, 1098 and Form 5498), and **Verification of Non-filing Letter** (provides proof that the IRS has no record of a filed Form 1040-series tax return for the year you request).

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 Customer file number (if applicable) (see instructions)	

Note: Effective July 2019, the IRS will mail tax transcript requests only to your address of record. See **What's New** under **Future Developments** on Page 2 for additional information.

6 **Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶

a **Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days

b **Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days

c **Record of Account**, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days

7 **Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days

8 **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

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Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer: **Note:** This form must be received by IRS within 120 days of the signature date.

Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.

Signature (see instructions)	Date
Title (if line 1a above is a corporation, partnership, estate, or trust)	
Spouse's signature	Date

Phone number of taxpayer on line 1a or 2a

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about Form 4506-T and its instructions, go to www.irs.gov/form4506t. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

The filing location for the Form 4506-T has changed. Please see **Chart for individual transcripts** or **Chart for all other transcripts** for the correct mailing location.

What's New. As part of its ongoing efforts to protect taxpayer data, the Internal Revenue Service announced that in July 2019, it will stop all third-party mailings of requested transcripts. After this date masked Tax Transcripts will only be mailed to the taxpayer's address of record.

If a third-party is unable to accept a Tax Transcript mailed to the taxpayer, they may either contract with an existing IVES participant or become an IVES participant themselves. For additional information about the IVES program, go to www.irs.gov and search IVES.

General Instructions

Caution: Do not sign this form unless all applicable lines have been completed.

Purpose of form. Use Form 4506-T to request tax return information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

Note: If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

Customer File Number. The transcripts provided by the IRS have been modified to protect taxpayers' privacy. Transcripts only display partial personal information, such as the last four digits of the taxpayer's Social Security Number. Full financial and tax information, such as wages and taxable income, are shown on the transcript.

An optional Customer File Number field is available to use when requesting a transcript. This number will print on the transcript. See Line 5 instructions for specific requirements. The customer file number is an optional field and not required.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart shows two different addresses, send your request to the address based on the address of your most recent return.

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P.O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note: If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party — Business.

Line 5. Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number **should not** contain an SSN. Completion of this line is not required.

Note. If you use an SSN, name or combination of both, we will not input the information and the customer file number will reflect a generic entry of "999999999" on the transcript.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Note: If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 12 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Forms and Publications Division
1111 Constitution Ave. NW, IR-6526

Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.

Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:	Mail or fax to:
Florida, Louisiana, Mississippi, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301 855-587-9604
Alabama, Arkansas, Delaware, Georgia, Illinois, Indiana, Iowa, Kentucky, Maine, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, North Carolina, Oklahoma, South Carolina, Tennessee, Vermont, Virginia, Wisconsin	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999 855-821-0094
Alaska, Arizona, California, Colorado, Connecticut, District of Columbia, Hawaii, Idaho, Kansas, Maryland, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Dakota, Utah, Washington, West Virginia, Wyoming	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 855-298-1145

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 855-298-1145
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999 855-821-0094



You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.