

Sliding Fee Program Fact Sheet

What is the Sliding Fee Discount Program?

The sliding fee program allows the Community Health Centers' to make its services more affordable to anyone who qualifies based on income and family size.

How do I apply?

You are eligible to apply at your first visit by completing the sliding fee application. You will need to provide proof of household income to be eligible for the program.

What Can I Bring For Proof of Income?

You may bring any of the following:

- ◆ Two Consecutive Paycheck Stubs ◆ 1040—Tax Forms
- ◆ Food Stamp Letter
- ◆ Disability Letter
- ◆ Bank Statement
- ◆ Unemployment Award Letter or Copy of Check
- ◆ Employer Verification Letter (Our office provides this form)

What happens next?

1. There are five discount levels based on annual income and family size. The discount is taken off of our standard charges and will remain valid for one year after the date of the application.
2. Once approved, you must report any change in your income, family size, or insurance status.

How much do I owe?

The amount of your discount depends on your family size and income. Your bill will always be at least \$25.00 for ***medical services**. This minimum is always due at check-in, as well as payment for any unpaid

balances. If you are unable to pay your balance the front office will assist you with scheduling payment arrangements.

All remaining balances will be billed to you within 30 of services rendered.

Example of sliding fee based on household size of 1, monthly income:

- ◆ \$800.00 = 100% discount—patient is responsible for a nominal fee of \$25.00
- ◆ \$1,100.00 = 75% discount—patient is responsible for \$40.00
- ◆ \$1,400.00 = 50% discount—patient is responsible for \$55.00
- ◆ \$1,800.00 = 25% discount—patient is responsible for \$70.00
- ◆ \$2,000.00 = 0% discount—patient is responsible for 100% of charges

***Please see the attached fee schedule to determine charges for additional services.**

Frequently asked questions:

Is the community health center a free clinic? - No, all patients are responsible for a portion of the cost of their care.

What if I have no income at all? You can still apply for the sliding fee program. Our front office personnel will be able to assist you.

Why do I need to show my identification? We want to protect your information and your identity. This helps prevent someone else pretending to be you and taking advantage of your eligibility or stealing your identity. At least one photo identification is required (example: Driver's License, Passport, Visa, Green Card, and School ID).

Can I still apply for the sliding fee if I have insurance? Yes, if you qualify for the sliding fee the discount may help reduce the cost of services your insurance does not cover.

How long will I stay on the sliding fee discount program? Eligibility is renewed every 12 months or at the time of income or insurance changes. It is important to keep your information current. Please inform our front office of any changes in your household income and/or insurance coverage.

Schedule of Income Thresholds Based upon 2015 Federal Poverty Guidelines (January 26, 2015)

Annual Income Thresholds by Sliding Fee Discount Pay Class and % of Poverty					
Family Unit Size	(A) \$25.00 Nominal Fee	(B) \$40.00	(C) \$55.00	(D) \$70.00	(E) 100% Pay No Discount
Poverty	100%	133%	175%	200%	>200%
1	0.00	11,770	15,654	20,598	23,540
2	0.00	15,930	21,187	27,878	31,860
3	0.00	20,090	26,720	35,158	40,180
4	0.00	24,250	32,253	42,438	48,500
5	0.00	28,410	37,785	49,718	56,820
6	0.00	32,570	43,318	56,998	65,140
7	0.00	36,730	48,851	64,278	73,460
8	0.00	40,890	54,384	71,558	81,780

Note: The income ceiling for the nominal fee pay class is equal to the federal poverty level. The 2015 federal poverty guideline increase by \$4,160 for each family member.

Monthly Income Thresholds by Sliding Fee Discount Pay Class and % of Poverty					
Family Unit Size	(A) \$25.00 Nominal Fee	(B) \$40.00	(C) \$55.00	(D) \$70.00	(E) 100% Pay No Discount
Poverty	100%	133%	175%	200%	>200%
1	0.00	981	1305	1717	1962
2	0.00	1328	1766	2323	2655
3	0.00	1674	2227	2930	3348
4	0.00	2021	2688	3537	4042
5	0.00	2368	3149	4143	4735
6	0.00	2714	3610	4750	5428
7	0.00	3061	4071	5357	6122
8	0.00	3408	4532	5963	6815

Note: The monthly schedule is equal to the annual schedule divided by 12 months.

SPECIALTY FEE SCHEDULE

Audiology Evaluation	(A) \$35.00	(B) \$50.00	(C) \$65.00	(D) \$80.00	(E) No Discount
*\$15.00 each subsequent follow-up					
**Prices do not include hearing aid devices					
Nutrition Initial Assessment	(A) \$25.00	(B) \$40.00	(C) \$55.00	(D) \$70.00	(E) No Discount
*\$15.00 each subsequent follow-up					
Speech & Language Evaluation	(A) \$35.00	(B) \$50.00	(C) \$65.00	(D) \$80.00	(E) No Discount
*\$15.00 each subsequent follow-up					
Physical Therapy Evaluation	(A) \$35.00	(B) \$50.00	(C) \$65.00	(D) \$80.00	(E) No Discount
*\$15.00 each subsequent follow-up					

OTHER SERVICES FEE SCHEDULE

Radiology	(A) \$50.00	(B) \$50.00	(C) \$50.00	(D) \$50.00	(E) No Discount
Sonography	(A) \$75.00	(B) \$75.00	(C) \$75.00	(D) \$75.00	(E) No Discount

DENTAL FEE SCHEDULE

Procedure	Fee	Procedure	Fee	Procedure	Fee
Cleaning	(A) \$20.00	(B) \$20.00	(C) \$20.00	(D) \$20.00	(E) No Discount
Sealants	(A) \$12.00	(B) \$12.00	(C) \$12.00	(D) \$12.00	(E) No Discount
Full Mouth Radiographs/Panora	(A) \$30.00	(B) \$30.00	(C) \$30.00	(D) \$30.00	(E) No Discount
Bite Wing Radiographs	(A) \$20.00	(B) \$20.00	(C) \$20.00	(D) \$20.00	(E) No Discount
Single Film	(A) \$5.00	(B) \$5.00	(C) \$5.00	(D) \$5.00	(E) No Discount

LAB FEE SCHEDULE

Procedure	Fee	Procedure	Fee	Procedure	Fee
Venipuncture	\$ 6.00	Hemoglobin	\$ 14.00	RSV Assay	\$ 41.00
Capillary Stick	\$ 7.00	H. Pylori	\$ 27.00	Streptococcus	\$ 6.00
Billirubin	\$ 14.00	Influenza Assay	\$ 20.00	Trichomonas	\$ 26.00
BV Testing	\$ 26.00	Lead	\$ 25.00	Urine Automated	\$ 5.00
Creatinine	\$ 15.00	Lipid Panel	\$ 21.00	Urine Pregnancy	\$ 5.00
Glucose-Quantitative	\$ 5.00	Mononucleosis Screening	\$ 6.00	Urine Microalbumin	\$ 15.00
Hemoccult	\$ 9.00	pH, body fluid	\$ 5.00	Wet Mount	\$ 4.00
Hemoglobin (A1C)	\$ 18.00	PT/INR	\$ 12.00		