



## **Sliding Fee Discount Program**

**An income-based program to temporarily assist patients and families with the costs of health care.**

### **Applying for the Sliding Fee Discount Program**

1. Complete the Sliding Fee Discount Application
2. Family / Household size.
  - Family is defined as: a group of 2 or more people (1 of whom is the head of household), related by birth, marriage or adoption and residing together; all such people (including related subfamily members) are considered as members of one family.
3. Provide Identification
4. Proof of Household Income for all family members / individuals living in your home.
5. Any insurance information.

### **What do I need to provide?**

1. *Identification*
  - Valid Drivers License or
  - Valid State ID or
  - Valid Military ID or
  - Valid Passport
2. *Proof of Household Income*
  - Prior year's tax return
  - Last 3 pay stubs.
  - Unemployment benefits verification or worker's comp. benefit verification for any family member receiving benefits.
  - Documentation of SSDI, SSI, TANF or Veteran benefits for any family member receiving these benefits.
  - Child Support verification if applicable.
3. *Proof of Insurance Includes*
  - Copies of valid insurance cards for any member of the family
  - Medicaid application or evidence of a valid rejection.

### **What will I pay?**

Your household annual gross income will determine if you qualify and how much you will pay. In accordance with the latest Federal Poverty Guidelines, those with incomes at or below 100% of poverty will receive a full discount. Those with incomes above 100% of poverty but at or below 200% will be charged according to the fee schedule.

Discounted Fee Schedule - 2023			
Family Size	Full Discount *	70% Discount	35% Discount
2	\$19,720	\$23,664	\$31,552
3	\$24,860	\$29,832	\$39,776
4	\$30,000	\$36,000	\$48,000
5	\$35,140	\$42,168	\$56,224
6	\$40,280	\$48,336	\$64,448

**\*The Base Fee for an appointment is \$20.00**