



Sliding Fee Discount Information

It is the policy of One Cross Community Health & Wellness to provide essential services regardless of the patient's ability to pay. One Cross offers discounts based on family size and annual income.

Please complete the following information and return it to the front desk to determine if you or members of your family are eligible for a discount. The discount will apply to all services received at this clinic. You must complete this form every 12 months or if your financial situation changes.

Name

Street

City

State

Zip

Phone

	Name	DOB (<i>mm / dd / yyyy</i>)
Self		
Other		
Other		
Other		
Other		

Source	Self	Other	Total
Gross Wages, Salaries, Tips, Self-Employment			
Unemployment, workers comp, social security, supplemental security income, veterans payments, survivor benefit, pension or retirement			
Interest, dividends, royalties, income from rental properties, alimony, child support, assistance from outside the household, and other sources			
Total Income			
Other			

I certify that the family size and income information shown above is correct

City _____ **Signature** _____ **Date** _____

OFFICE USE ONLY

Patient Name _____

Approved Discount _____

Approved By _____ **Date** _____

Approved By _____ **Date** _____

Verification Checklist	YES	NO
Identification/Address: Drivers license, utility bill, employment ID or other		
Income: Prior year tax return, three most recent pay stubs or other		



Exclusions – Category 0

Medical

The following will be billed at 100% of Health Center's actual costs:

- Injectables

Exclusions – Category 1 – 3

Medical

The following will be billed at 100% of the actual charge based on Health Center's fee schedule:

- Some in-office surgeries/procedures
- Certain injectables





2026 Sliding Fee Discount Scale

# of Persons in Household	Household Income	Category 1 100% Poverty Level Slide A \$20		Category 2 101%-150% Slide B \$30		Category 3 151%-175% Slide C \$40		Category 4 176%-200% Slide D \$50		Category 5 Above 200% Full Pay
in Household	Income	From	To	From	To	From	To	From	To	From
1	Annual	0	15,960	15,961	23,940	23,941	27,930	27,931	31,920	31,921
	Per Month	0	1,330	1,331	1,995	1,996	2,328	2,329	2,660	2,661
	Per Week	0	307	308	460	461	537	538	614	615
2	Annual	0	21,640	21,641	32,460	32,461	37,870	37,871	43,280	43,281
	Per Month	0	1,803	1,804	2,705	2,706	3,156	3,157	3,607	3,608
	Per Week	0	416	417	624	625	728	729	832	833
3	Annual	0	27,320	27,321	40,980	40,981	47,810	47,811	54,640	54,641
	Per Month	0	2,277	2,278	3,415	3,416	3,984	3,985	4,553	4,553
	Per Week	0	525	526	788	789	919	920	1051	1051
4	Annual	0	33,000	33,001	49,500	49,501	57,750	57,751	66,000	66,001
	Per Month	0	2,750	2,751	4,125	4,126	4,813	4,814	5,500	5,501
	Per Week	0	635	636	952	953	1111	1112	1269	1270
5	Annual	0	38,680	38,681	58,020	58,021	67,690	67,691	77,360	77,361
	Per Month	0	3,223	3,224	4,835	4,836	5,641	5,642	6,447	6,448
	Per Week	0	744	745	1116	1117	1302	1303	1488	1489
6	Annual	0	44,360	44,361	66,540	66,541	77,630	77,631	88,720	88,721
	Per Month	0	3,697	3,698	5,545	5,546	6,469	6,470	7,393	7,394
	Per Week	0	853	854	1280	1281	1493	1494	1706	1707
7	Annual	0	50,040	50,041	75,060	75,061	87,570	87,571	100,080	100,081
	Per Month	0	4,170	4,171	6,255	6,256	7,298	7,299	8,340	8,341
	Per Week	0	962	963	1443	1444	1684	1685	1925	1926
8	Annual	0	55,720	55,721	83,580	83,581	97,510	97,511	111,440	111,441
	Per Month	0	4,643	4,644	6,965	6,966	8,126	8,127	9,287	9,288
	Per Week	0	1072	1073	1607	1608	1875	1876	2143	2144

For Each Additional Household Member Add:

\$5,680.00 to annual income
\$473 to monthly income
\$109 to weekly income

Sliding Scale is based upon the Total Gross Household Income and the number of persons residing in the household An inability to pay WILL NOT be a barrier to services and/or care

Board Approved: 2/24/26 Effective: 3/1/2026