



**Sliding Fee Discount Information**

It is our policy to provide essential services regardless of the patient’s ability to pay. One Cross Health Clinic 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, but not those services or equipment purchased from outside, including reference laboratory testing, drugs, x-ray interpretation by a consulting radiologist, and other such services. You must complete this form every 12 months or if your financial situation changes.

Please make sure to review the verification checklist on the second page to ensure you have all the necessary documents to complete your application.

NAME

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STREET

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CITY

State

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Zip

Phone

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		Name	Date of birth
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			

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

Name signature Date

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**Office Use only**

Patient Name \_\_\_\_\_

Approved Discount \_\_\_\_\_

Approved By \_\_\_\_\_ DATE \_\_\_\_\_

Verification Checklist	Yes	No
Identification/Address: Driver's license, utility bill, employment ID, or other		
Income: Prior year tax return, three most recent pay stubs, or other		



### SLIDING FEE DISCOUNT - 2023

FAMILY SIZE		INCOME MEASURE	CATEGORY 1	CATEGORY 2	CATEGORY 3	CATEGORY 4	CATEGORY 5
		% of Federal Poverty Income Level	UP TO 100%	101% - 105%	151% - 175%	176% - 200%	ABOVE 200%
		Patient Fee	Patient Fee \$20.00	Patient Fee \$30.00	Patient Fee \$40.00	Patient Fee \$50.00	Patient Fee 100%
1	Annual	\$0 - \$14,580	\$14,581 - \$21,870	\$21,871 - \$25,515	\$25,516 - \$29,160	\$29,161 +	
	Monthly	\$0 - \$1,215	\$1,216 - \$1,823	\$1,824 - \$2,126	\$2,127 - \$2,430	\$2,431 +	
2	Annual	\$0 - \$19,720	\$19,721 - \$29,580	\$29,581 - \$34,510	\$34,511 - \$39,440	\$39,441 +	
	Monthly	\$0 - \$1,643	\$1,644 - \$2,465	\$2,466 - \$2,876	\$2,877 - \$3,287	\$3,288 +	
3	Annual	\$0 - \$24,860	\$24,861 - \$37,290	\$37,291 - \$43,505	\$43,506 - \$49,720	\$49,721 +	
	Monthly	\$0 - \$2,072	\$2,073 - \$3,108	\$3,109 - \$3,625	\$3,626 - \$4,143	\$4,144 +	
4	Annual	\$0 - \$30,000	\$30,001 - \$45,000	\$45,001 - \$52,500	\$52,501 - \$60,000	\$60,001 +	
	Monthly	\$0 - \$2,500	\$2,501 - \$3,750	\$3,751 - \$4,375	\$4,376 - \$5,000	\$5,001 +	
5	Annual	\$0 - \$35,140	\$35,141 - \$52,710	\$52,711 - \$61,495	\$61,496 - \$70,280	\$70,281 +	
	Monthly	\$0 - \$2,928	\$2,929 - \$4,393	\$4,394 - \$5,125	\$5,126 - \$5,857	\$5,858 +	
6	Annual	\$0 - \$40,280	\$40,281 - \$60,420	\$60,421 - \$70,490	\$70,491 - \$80,560	\$80,561 +	
	Monthly	\$0 - \$3,357	\$3,358 - \$5,035	\$5,036 - \$5,874	\$5,875 - \$6,713	\$6,714 +	
7	Annual	\$0 - \$45,420	\$45,421 - \$68,130	\$68,131 - \$79,485	\$79,486 - \$90,840	\$90,841 +	
	Monthly	\$0 - \$3,785	\$3,786 - \$5,678	\$5,679 - \$6,624	\$6,625 - \$7,570	\$7,571 +	
8	Annual	\$0 - \$50,560	\$50,561 - \$75,840	\$75,841 - \$88,480	\$88,481 - \$101,120	\$101,121 +	
	Monthly	\$0 - \$4,213	\$4,214 - \$6,320	\$6,321 - \$7,373	\$7,374 - \$8,427	\$8,428 +	

**For households with 8+ persons, add an additional \$5,140 (\$428 monthly).**

## **EXCLUSIONS - CATEGORY 0**

### **MEDICAL**

The following will be billed at 100% of One Cross Health Clinic's actual costs:

- Injectables

## **EXCLUSIONS - CATEGORY 1 - 3**

### **MEDICAL**

The following will be billed at 100% of the actual charge(s) based on One Cross Health Clinic's fee schedule:

- Some in-office surgeries/procedures
- Certain injectables