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**Sliding Fee Discount Program Information**

 **What is a Sliding Fee Discount Program?**

The Sliding Fee Discount Program is our way of offering medical services at a lower cost to families who meet certain requirements. Eligibility is based on family size and gross income. Patients pay for services according to where they fall on the scale.

**What type of income verification and documents do I need?**

All patients must provide at least one proof of income for all family members such as:

* Payroll: Most current payroll check-stubs. Paid weekly equals four (4) check stubs, paid biweekly equals two (2) check stubs, paid monthly equals one (1) or more check stub(s).
* Self-employed: Most recent 1099 form / income tax returns.
* Award letters of SSI, Social Security benefits, disability benefits, unemployment benefits, etc.
* Pension or Retirement checks. If the payment is direct deposit, a copy of the most recent bank statement indicating the transaction.
* Case contribution from others: in-kind support.
* Other income including alimony, child support, etc.
* The previous year’s tax return.

Proof of income must be received within 5 business days of signing the Sliding Fee Discount Program Attestation Form. Should proof of income not be received within the time frame, you will be charged 100% of the appointment fee plus any additional ancillary charges.

**How long is my discount good for?**

The length of time of the Sliding Fee Discount Program is based on the Income Verification Eligibility Period listed on the reverse side of this form.

**What services will be covered if I am approved for the Sliding Fee Discount Program?**

Services that will be covered include, but are not limited to: Office visits for both established and new patients, (substance use disorder services), physicals, inhouse point of care testing, inhouse procedures, detox, residential treatment, group counseling, individual counseling sessions, family counseling sessions, psychiatric evaluations, and intrapartum services as detailed in the Sliding Fee Discount Program.

**What services are NOT covered under the Sliding Fee Discount Program?**

Services that are not covered under the Sliding Fee Discount Program include, but are not limited to: Diagnostic testing sent out for processing, durable medical equipment (DME), medications prescribed to patients, and Prescription Assistance programs.

Sliding Fee Scale

2024 Poverty Guidelines: 48 Contiguous States (all states except Alaska and Hawaii)

Dollars Per Month

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Household/Family Size** | **100%** | **133%** | **150%** | **185%** |
| **1** | 1,255.00 | 1,669.15 | 1,882.50 | 2,321.75 |
| **2** | 1,703.33 | 2,265.43 | 2,555.00 | 3,151.17 |
| **3** | 2,151.67 | 2,861.72 | 3,227.50 | 3,980.58 |
| **4** | 2,600.00 | 3,458.00 | 3,900.00 | 4,810.00 |
| **5** | 3,048.33 | 4,054.28 | 4,572.50 | 5,639.42 |
| **6** | 3,496.67 | 4,650.57 | 5,245.00 | 6,468.83 |
| **7** | 3,945.00 | 5,246.85 | 5,917.50 | 7,298.25 |
| **8** | 4,393.33 | 5,843.13 | 6,590.00 | 8,127.67 |

Based on the 2024 poverty guidelines in effect as of January 17, 2024. [Federal Register Notice, January 17, 2024](https://www.govinfo.gov/content/pkg/FR-2024-01-17/pdf/2024-00796.pdf)

**Note: Clients must never be denied services because of an inability to pay current or past fees**

**Income Verification Eligibility Period**

