

## **SLIDING FEE DISCOUNT PROGRAM**

At Finger Lakes Community Health, a patient is never turned away due to the inability to pay for services, citizenship status, or health insurance status. Finger Lakes Community Health offers a sliding fee discount program that is based on family size and household income to ensure you get the care you need at a price you can afford. Discounted services are available for patients whose income falls under 200% of the current Federal Poverty Guidelines. Every patient is encouraged to apply. Applications are renewed every 12 months, with a request that patients update their application anytime there is a change to their household size or income. Additional discounts are available for Reproductive Health Services.

Finger Lakes Community Health Sliding Fee Discount Program
Effective February 1, 2021 – January 31, 2022

Annual Income								
Family Size	Nominal Fee =< 100%	Sliding Fee 101% - 200%						
1	\$0 - \$12,880	\$12,881 - \$25,760						
2	\$0 - \$17,240	\$17,241 - \$34,480						
3	\$0 - \$21,960	\$21,961 - \$43,920						
4	\$0 - \$26,500	\$26,501 - \$53,000						
5	\$0 - \$31,040	\$31,041 - \$62,080						
6	\$0 - \$35,580	\$35,581 - \$71,160						
7	\$0 - \$40,120	\$40,121 - \$80,240						
8	\$0 - \$44,660	\$44,661 - \$89,320						
9	\$0 - \$49,200	\$49,201 - \$98,400						
10	\$0 - \$53,740	\$53,741- \$107,480						

Medical Services	Nominal Fee =< 100%	Sliding Fee 101% - 200%	
Medical Visit	As low as \$20	\$40-\$80	
Reproductive Health Visit	As low as \$0	\$40-\$80	
Behavioral Health Counseling	As low as \$10	\$20-\$40	
Nutritional Counseling	As low as \$10	\$20-\$40	
Dental Services	Nominal Fee =< 100%	Sliding Fee 101% - 200%	
Emergency Visit	As low as \$20	\$30-\$50	
Exam New Patient	As low as \$20	\$30-\$50	
Exam Established Patient	As low as \$10	\$15-\$25	
Cleaning/Fluoride (under 13 years)	As low as \$10	\$20-\$40	
Cleaning/Fluoride (13 and Older)	As low as \$20	\$30-\$50	
X-ray – Single	\$5	\$5	
X-Ray – Full Mouth	As low as \$40	\$55-\$85	
Sealants and Silver Diamine	As low as \$20	\$25-\$35	
Fillings/Extractions – per tooth	As low as \$30	\$50-\$100	



To apply, complete the attached sliding fee discount application. The information received from this form will be used to determine your sliding discount.

- ✓ **Household Information** A list of all family members living in your house. Often these are the same individuals claimed as dependents when filing your tax return.
- ✓ Income Information A list of all household income, both taxable and non-taxable for household members. This income includes but is not limited to, Wages and Tips, Pension, Annuities, Veteran Benefits, Social Security Benefits, Alimony, Child Support, Workers Compensation, State Unemployment, Self-Employment Income, Rental Income. It is important to note on the form the number of hours worked per week and the number of months in the year that the person is working as overtime hours is not used in the calculation.
- ✓ **Proof of Income** You will need to provide one of the following documents to verify your income:
  - Pay Stubs A total of one month of income in sequential order for all members of the household. Must be dated within 45 days of the date the pay stubs are presented
  - o W-2 Forms
  - Federal 1040 Tax Return
  - Social Security Yearly Statement
  - Unemployment Benefit Letter
  - Workers Compensation Disability Documents
  - A signed letter from your employer stating your current monthly gross income and number of hours worked
  - o Bank Statement (used as a last resort for patients who are not able to supply documentation listed above)

## Additional Information:

- Minors (12 to 18 years of age) and unmarried individuals who are not reported in a household annual tax document are not required to supply proof of income to receive a discount on reproductive health services.
- Patients declaring no job and/or income will be referred to a Financial Advocate to discuss any insurance options that may be available to you.
- o If the inability to pay for treatment would cause a barrier to you receiving care, a hardship request will be completed to determine if we can offer you a discount of up to 100%.
- Applicants are encouraged to complete a new application when household size or income changes.

If you have any additional questions, a member of our team would be glad to answer.



## **Sliding Fee Discount Program Application**

First Name		MI	Last Name	Last Name			Today's Date	
Current Age	□ Married □ No	ot Mai	rried	ied Minor (12 to 18 years of age) applying for Reproductive Health Discount only				
DECLINED (by initialing	g and dating, I understa	nd tha	it I am not eligible	for any sliding	g fee discoun		Date	
List below all household members and household income (including yourself):								
Name			DOB (MM/DD/Y	Y) Rel	ationship	Monthly Income	Patient?	
					Self		Yes □No	
							∭es □No	
							∭es □No	
							∐No □No	
							Ŋes Ŋo	
							Mges □No	
							Mges □No	
whose phone number is I declare, under penalty	S	ormatio	on I have given on		·	nd complete. I understand t	hat the giving of false	
Applicant Signature:	Applicant Signature:				Date:			
			Offic	ce Use Only				
Total Household Mem	nbers: Tota	l Mont	hly Household Inc		Tota	I Monthly Reproductive Heal	ith Income:	
	eneral Slide to the patie			□ No		_		
POI Provided: Yes (Expires 365 d No Termination No (Expires in 365 barriers to care and/o	days) The patient has b	arriers	s that do not allow s best as possible	determined t	hat the state	N/A sary proof income and doing d income is correct, and that		
Staff Signature:						Date:		