

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 gross household income (not to include overtime) 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 March 24, 2024 – March 23, 2025

Family Size	Annual Income	
	Nominal Fee =< 100%	Sliding Fee 101% - 200%
1	\$0 - \$15,060	\$15,061 - \$30,120
2	\$0 - \$20,440	\$20,441 - \$40,880
3	\$0 - \$25,820	\$25,821 - \$51,640
4	\$0 - \$31,200	\$31,201 - \$62,400
5	\$0 - \$36,580	\$36,581 - \$73,160
6	\$0 - \$41,960	\$41,961 - \$83,920
7	\$0 - \$47,340	\$47,341 - \$94,680
8	\$0 - \$52,720	\$52,721 - \$105,440
9	\$0 - \$58,100	\$58,101 - \$116,200
10	\$0 - \$63,480	\$63,481 - \$126,960

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
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	As low as \$3	\$6-\$12
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
 - 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
 - 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.
- 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	DOB (MM/DD/YY)	Today's Date
Current Age	<input type="checkbox"/> Married <input type="checkbox"/> Not Married <input type="checkbox"/> Minor (12 to 18 years of age) applying for Reproductive Health Discount only			

DECLINED (by initialing and dating, I understand that I am not eligible for any sliding fee discounts.) _____
Initials Date

List below all household members and household income (including yourself):			
Name	DOB (MM/DD/YY)	Relationship	Monthly Income
		<i>Self</i>	
If you are reporting no income, you must describe your current means of support and/or living situation:			

I authorize Finger Lakes Community Health Staff to discuss my patient account balance in my absence with _____
 whose phone number is _____.

I declare, under penalty of perjury, that the information I have given on this form is true, correct and complete. I understand that the giving of false information may make me ineligible for discounted services.

Applicant Signature: _____ **Date:** _____

Office Use Only	
Total Household Members: _____ Total Monthly Household Income: _____ Total Monthly Reproductive Health Income: _____	
Did you assign the General Slide to the patient account? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did you note the Reproductive Health Slide in the Income Section? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
POI Provided:	
<input type="checkbox"/> Yes (Expires 365 days) Termination Date: _____	
<input type="checkbox"/> No Termination Date: _____	
<input type="checkbox"/> No (Expires in 365 days) The patient has barriers that do not allow them to obtain the necessary proof income and doing so would place barriers to care and/or financial hardship. I have, as best as possible determined that the stated income is correct, and that the number of people listed as household members is true to the best of my knowledge. Termination Date: _____	
Staff Signature: _____ Date: _____	