

Sliding Fee Scale

Our sliding fee scale (*income chart on next page*) is available at our Canton, Gouverneur, Ogdensburg and Malone healthcare centers.

This is for **anyone who has a household income at or below 200% of the Federal Poverty Guidelines.**

A “household” includes all people living in the same house or apartment even if not related to you.

To apply for the Sliding Fee Discount, we need you to fill out a short application which is available at the front desk. Our team will also need proof of income. If you don't have proof of income on your first visit, we will give you time to provide us the paperwork we need.

Proof of Income:

If you are employed:

(one of the following)

- A copy of last year's income tax return
- A W-2
- Pay stubs from the last 30 days
- A written statement from your employer

If you are un-employed:

- Proof of Social Security Income Award Letter
- Proof of Unemployment Income Award Letter
- Proof of Disability Income Award Letter
- Proof of other income such as child support, alimony, or retirement pension

If you are undocumented or member of a recognized exempted religious group:

- Attestation of yearly income, signed by patient

After filling out the Sliding Fee Scale Application, our Case Manager will be able to tell you how much we can discount your bill.

****Please remember you will be asked to update your Sliding Fee Scale application every year****

As a reminder, no one will be turned away because of inability to pay.

Sliding Fee Discount According to Group Designation

<u>Eligible Services</u>	<u>Group A</u>	<u>Group B</u>	<u>Group C</u>	<u>Group D</u>	<u>Group E</u>
Primary Care	No Discount	\$80	\$55	\$35	\$20
Mental Health	No Discount	\$80	\$55	\$35	\$20
Optometry	No Discount	\$80	\$55	\$35	\$20
Dental Care (Preventative Services/Emergencies)	No Discount	\$80	\$55	\$35	\$20
Dental Care (Expanded Dental Procedures) Sealants, Fillings, Periodontics, Extractions, Endodontics, Crowns, Bridges, Partial, Dentures, Prosthetic Repairs, Space Maintainers, Occlusal Guards and Hard/Soft Tissue Modifications	No Discount	10% Discount [^]	30% Discount [^]	60% Discount [^]	\$40*
<p><i>*If applicable, additional out-of-pocket costs for lab fees will apply.</i></p> <p><i>[^]Discount applied to total service fees.</i></p> <p><i>Supplies, equipment and lab charges above and beyond the sliding fee charges are the patient's responsibility.</i></p> <p><i>Supplies, equipment and lab charges are calculated based on cost plus administrative fees.</i></p>					

2025 Federal Poverty Guidelines

	Group A	Group B	Group C	Group D	Group E
Poverty Level	201%	200%	166%	133%	100%
1	31,457	31,300	25,979	20,815	15,650
2	42,512	42,300	35,109	28,130	21,150
3	53,567	53,300	44,239	35,445	26,650
4	64,622	64,300	53,369	42,760	32,150
5	75,677	75,300	62,499	50,075	37,650
6	86,732	86,300	71,629	57,390	43,150
7	97,787	97,300	80,759	64,705	48,650
8	108,842	108,300	89,889	72,020	54,150
9	119,897	119,300	99,019	79,335	59,650
10	130,952	130,300	108,149	86,650	65,150
11	142,007	141,300	117,279	93,965	70,650
12	153,062	152,300	126,409	101,280	76,150
13	164,117	163,300	135,539	108,595	81,650
14	175,172	174,300	144,669	115,910	87,150