

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 and in our billing department. 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

After filling out the Sliding Fee Scale Application our billing department will be able to tell you how much we can discount your bill. If you qualify, this discount can be used for any amount due and for any services we offer.

****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	\$75	\$50	\$30	\$15
Mental Health	No Discount	\$75	\$50	\$30	\$15
Optometry (*Eye Glasses Excluded)	No Discount	\$75	\$50	\$30	\$15
*Eye Glasses available at cost. Price Listing available upon request					
Dental Care (*Dentures Excluded)	No Discount	\$60	\$45	\$30	\$15
*Patient is responsible for the \$350.00 lab fee associated with each denture in addition to the fee per visit listed above					
COVID-19 Specimen Collection	No Discount	\$20	\$15	\$10	\$5
COVID-19 Point of Care Testing	No Discount	\$30	\$25	\$20	\$15

2022 Federal Poverty Guidelines

	<u>Group A</u>	<u>Group B</u>	<u>Group C</u>	<u>Group D</u>	<u>Group E</u>
Poverty Level	201%	200%	166%	133%	100%
1	27,181	27,180	22,559	18,075	13,590
2	36,621	36,620	30,395	24,352	18,310
3	46,061	46,060	38,230	30,630	23,030
4	55,501	55,500	46,065	36,908	27,750
5	64,941	64,940	53,900	43,185	32,470
6	74,381	74,380	61,735	49,463	37,190
7	83,821	83,820	69,571	55,740	41,910
8	93,261	93,260	77,406	62,018	46,630
9	102,701	102,700	85,241	68,296	51,350
10	112,141	112,140	93,076	74,573	56,070
11	121,581	121,580	100,911	80,851	60,790
12	131,021	131,020	108,747	87,128	65,510
13	140,461	140,460	116,582	93,406	70,230
14	149,901	149,900	124,417	99,684	74,950
15	159,341	159,340	132,252	105,961	79,670