

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	\$75	\$50	\$30	\$15
Mental Health	No Discount	\$75	\$50	\$30	\$15
Optometry	No Discount	\$75	\$50	\$30	\$15
Dental Care	No Discount	\$60	\$45	\$30	\$15
COVID-19 Specimen Collection	No Discount	\$20	\$15	\$10	\$5
COVID-19 Point of Care Testing	No Discount	\$30	\$25	\$20	\$15
* Supplies, equipment and lab charges above and beyond the sliding fee charges are the patient's responsibility. Supplies, equipment and lab charges are calculated based on cost plus administrative fees.					

2023 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	29,161	29,160	24,203	19,391	14,580
2	39,441	39,440	32,735	26,228	19,720
3	49,721	49,720	41,268	33,064	24,860
4	60,001	60,000	49,800	39,900	30,000
5	70,281	70,280	58,332	46,736	35,140
6	80,561	80,560	66,865	53,572	40,280
7	90,841	90,840	75,397	60,409	45,420
8	101,121	101,120	83,930	67,245	50,560
9	111,401	111,400	92,462	74,081	55,700
10	121,681	121,680	100,994	80,917	60,840
11	131,961	131,960	109,527	87,753	65,980
12	142,241	142,240	118,059	94,590	71,120
13	152,521	152,520	126,592	101,426	76,260
14	162,801	162,800	135,124	108,262	81,400
15	173,081	173,080	143,656	115,098	86,540