

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
<p>* 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.</p>					

2024 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	30,121	30,120	25,000	20,030	15,060
2	40,881	40,880	33,930	27,185	20,440
3	51,641	51,640	42,861	34,341	25,820
4	62,401	62,400	51,792	41,496	31,200
5	73,161	73,160	60,723	48,651	36,580
6	83,921	83,920	69,654	55,807	41,960
7	94,681	94,680	78,584	62,962	47,340
8	105,441	105,440	87,515	70,118	52,720
9	116,201	116,200	96,446	77,273	58,100
10	126,961	126,960	105,377	84,428	63,480
11	137,721	137,720	114,308	91,584	68,860
12	148,481	148,480	123,238	98,739	74,240
13	159,241	159,240	132,169	105,895	79,620
14	170,001	170,000	141,100	113,050	85,000
15	180,761	180,760	150,031	120,205	90,380