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

Eligible Services	Group A	Group B	Group C	Group D	Group E
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.

2024 Federal Poverty Guidelines

Group B

Group C

Group D

Group E

Group A

	Group B	Group C		C. Cap L
201%	200%	166%	133%	100%
30,121	30,120	25,000	20,030	15,060
40,881	40,880	33,930	27,185	20,440
51,641	51,640	42,861	34,341	25,820
62,401	62,400	51,792	41,496	31,200
73,161	73,160	60,723	48,651	36,580
83,921	83,920	69,654	55,807	41,960
94,681	94,680	78,584	62,962	47,340
105,441	105,440	87,515	70,118	52,720
116,201	116,200	96,446	77,273	58,100
126,961	126,960	105,377	84,428	63,480
137,721	137,720	114,308	91,584	68,860
148,481	148,480	123,238	98,739	74,240
159,241	159,240	132,169	105,895	79,620
170,001	170,000	141,100	113,050	85,000
180,761	180,760	150,031	120,205	90,380
	30,121 40,881 51,641 62,401 73,161 83,921 94,681 105,441 116,201 126,961 137,721 148,481 159,241 170,001	30,121 30,120 40,881 40,880 51,641 51,640 62,401 62,400 73,161 73,160 83,921 83,920 94,681 94,680 105,441 105,440 116,201 116,200 126,961 126,960 137,721 137,720 148,481 148,480 159,241 159,240 170,001 170,000	30,121 30,120 25,000 40,881 40,880 33,930 51,641 51,640 42,861 62,401 62,400 51,792 73,161 73,160 60,723 83,921 83,920 69,654 94,681 94,680 78,584 105,441 105,440 87,515 116,201 116,200 96,446 126,961 126,960 105,377 137,721 137,720 114,308 148,481 148,480 123,238 159,241 159,240 132,169 170,001 170,000 141,100	30,121 30,120 25,000 20,030 40,881 40,880 33,930 27,185 51,641 51,640 42,861 34,341 62,401 62,400 51,792 41,496 73,161 73,160 60,723 48,651 83,921 83,920 69,654 55,807 94,681 94,680 78,584 62,962 105,441 105,440 87,515 70,118 116,201 116,200 96,446 77,273 126,961 126,960 105,377 84,428 137,721 137,720 114,308 91,584 148,481 148,480 123,238 98,739 159,241 159,240 132,169 105,895 170,001 170,000 141,100 113,050