



Sliding Fee Discount Program Application – Ryan White Part C

It is the policy of Community Health Net to provide services regardless of the patient’s ability to pay. As a Federally Qualified Health Center, Community Health Net offers a Sliding Fee Discount Program designed to allow patients to pay for healthcare services based on family size and income; therefore, patients earning less money will pay less than those that earn more. The discount will apply to services received at all Community Health Net locations. Some exclusions apply.

To apply for the Sliding Fee Discount Program, please complete the following information and return to the front desk with proof of household income and photo identification. To remain eligible for the discount, recertification is required every six months or if your family/ financial situation changes.

Applicant Name: _____
 Current Address: _____
 Email Address: _____
 Phone Number: _____ Alternate Phone Number: _____

| Please list the names of all household members | | | Date of Birth |
|--|---|------|---------------|
| First | M | Last | MM/DD/YYYY |
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I, _____ (print name), certify that the information provided is correct to the best of my knowledge. I agree to notify Community Health Net if there are any changes in my household size or income. I am aware that this information is reviewed based on the Federal Poverty Guidelines published annually by the Federal Government.

I understand that I must recertify at six months to maintain eligibility.

X _____
 Signature of Applicant or Responsible Party Date

TO BE COMPLETED BY COMMUNITY HEALTH NET STAFF

Household Size: _____ Annual Income: \$ _____ Person Number: _____
OR

Refused to Complete: _____ Income Verified: _____ Photo ID Copied: _____ Account Number: _____

Verified By: _____ Discount (circle one)

Effective Date: _____ Expiration Date: _____ A B C D DNQ

There is Help Available to Pay for your Health Care:

The Community Health Net's Sliding Fee Discount Program

RYAN WHITE PART C PROGRAM

| Family Size | Discount A \$0 | | Discount B \$35.00 | | Discount C \$45.00 | | Discount D \$55.00 | | Full Fee 100% |
|-----------------|----------------|-------------|--------------------|-------------|--------------------|-------------|--------------------|-------------|---------------|
| | From | To | From | To | From | To | From | To | |
| 1 Person | | | | | | | | | |
| Annually | \$0 | \$12,880.00 | \$12,881.00 | \$17,259.20 | \$17,259.21 | \$21,509.60 | \$21,509.61 | \$25,760.00 | \$25,761.00 |
| Weekly | \$0 | \$248 | \$249 | \$332 | \$333 | \$414 | \$415 | \$495 | \$496 |
| 2 Person | | | | | | | | | |
| Annually | \$0 | \$17,420.00 | \$17,421.00 | \$23,342.80 | \$23,342.81 | \$29,091.40 | \$29,091.41 | \$34,840.00 | \$34,841.00 |
| Weekly | \$0 | \$335 | \$336 | \$449 | \$450 | \$559 | \$560 | \$670 | \$671 |
| 3 Person | | | | | | | | | |
| Annually | \$0 | \$21,960.00 | \$21,961.00 | \$29,426.40 | \$29,426.41 | \$36,673.20 | \$36,673.21 | \$43,920.00 | \$43,921.00 |
| Weekly | \$0 | \$422 | \$423 | \$566 | \$567 | \$705 | \$706 | \$845 | \$846 |
| 4 Person | | | | | | | | | |
| Annually | \$0 | \$26,500.00 | \$26,501.00 | \$35,510.00 | \$35,510.01 | \$44,255.00 | \$44,255.01 | \$53,000.00 | \$53,001.00 |
| Weekly | \$0 | \$510 | \$511 | \$683 | \$684 | \$851 | \$852 | \$1,019 | \$1,020 |
| 5 Person | | | | | | | | | |
| Annually | \$0 | \$31,040.00 | \$31,041.00 | \$41,593.60 | \$41,593.61 | \$51,836.80 | \$51,836.81 | \$62,080.00 | \$62,081.00 |
| Weekly | \$0 | \$597 | \$598 | \$800 | \$801 | \$997 | \$998 | \$1,194 | \$1,195 |
| 6 Person | | | | | | | | | |
| Annually | \$0 | \$35,580.00 | \$35,581.00 | \$47,677.20 | \$47,677.21 | \$59,418.60 | \$59,418.61 | \$71,160.00 | \$71,161.00 |
| Weekly | \$0 | \$684 | \$685 | \$917 | \$918 | \$1,143 | \$1,144 | \$1,368 | \$1,369 |
| 7 Person | | | | | | | | | |
| Annually | \$0 | \$40,120.00 | \$40,121.00 | \$53,760.80 | \$53,760.81 | \$67,000.40 | \$67,000.41 | \$80,240.00 | \$80,241.00 |
| Weekly | \$0 | \$772 | \$773 | \$1,034 | \$1,035 | \$1,288 | \$1,289 | \$1,543 | \$1,544 |
| 8 Person | | | | | | | | | |
| Annually | \$0 | \$44,660.00 | \$44,661.00 | \$59,844.40 | \$59,844.41 | \$74,582.20 | \$74,582.21 | \$89,320.00 | \$89,321.00 |
| Weekly | \$0 | \$859 | \$860 | \$1,151 | \$1,152 | \$1,434 | \$1,435 | \$1,718 | \$1,719 |

Community Health Net is a Federally Qualified Health Center (FQHC)

As a FQHC, we are able to offer a discount on services based on income and family size. We use the above table to determine your discount eligibility.

(This table can be located at <https://aspe.hhs.gov/poverty-guidelines>)

What services are included in the program?

- Primary care visits at Community Health Net
- Behavioral health visits at Community Health Net
- Eye clinic visits at Community Health Net
- Dental care visits at Community Health Net
- CHN Pharmacy (see Pharmacy for eligible items)

What kinds of services are NOT included in the program?

- Hospital Visits, Hospital Services, Nursing Homes
- Imaging facilities (x-rays, CT, MRI, etc.)
- Laboratories (ACL, etc.)
- Some dental procedures: partials, dentures, crowns, or items produced at an offsite lab



Sliding Fee Discounts are determined by using:

- Federal Income Tax forms
- W-2's
- Consecutive Pay stubs
- Unemployment Benefits
- Social Security Benefits
- Self-declaration options are also available

Recertification is required at six months or when changes to family size or income occur. Once you have been approved for the Sliding Fee Discount Program, you will remain active in the program for **six months**.