

Eagle View Community Health System Sliding Fee Discount Scale Based on Federal Poverty Level (FPL)

Effective April 1, 2019

This table is based on *annual* household income.

| Family Size | With this income level you pay our Category A 100% or Below of FPL | With this income level you receive a Category B 101%-133% of FPL | With this income level you receive a Category C 134%-167% of FPL | With this income level you receive a Category D 168%-199% of FPL | Not eligible for sliding fee discount Category E 200% + of FPL |
|--------------------|--|--|--|--|--|
| 1 | 0- \$12,490 | \$12,491- \$15,613 | \$15,614- \$18,735 | \$18,736- \$24,980 | \$24,981 and over |
| 2 | 0- \$16,910 | \$16,911- \$21,138 | \$21,139- \$25,365 | \$25,366- \$33,820 | \$33,821 and over |
| 3 | 0- \$21,330 | \$21,331- \$26,663 | \$26,664- \$31,995 | \$31,996- \$42,660 | \$42,661 and over |
| 4 | 0- \$25,750 | \$25,751- \$32,188 | \$32,189- \$38,625 | \$38,626- \$51,500 | \$51,501 and over |
| 5 | 0- \$30,170 | \$30,171- \$37,713 | \$37,714- \$45,255 | \$45,256- \$60,340 | \$60,341 and over |
| 6 | 0- \$34,590 | \$34,591- \$43,238 | \$43,239- \$51,885 | \$51,886- \$69,180 | \$69,181 and over |

For each additional family member add \$4,420.

These discounts are available for both medical and dental visits at all Eagle View Community Health System sites.

Current “Nominal Fee”: *(subject to change)*

| | Category A | Category B | Category C | Category D | Category E |
|---------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| Medical Visit | \$25.00 | 75% Discount | 50% Discount | 25% Discount | Full Charges |
| Medical Lab | \$ 5.00 | 60% Discount | 50% Discount | 40% Discount | Full Charges |
| Dental Visit | \$45.00 | 75% Discount | 50% Discount | 25% Discount | Full Charges |
| Dental Lab | \$45.00 + cost | 40% Discount | 30% Discount | 20% Discount | Full Charges |
| Dental Major | \$45.00 | 40% Discount | 30% Discount | 20% Discount | Full Charges |

To apply for our sliding fee discount, a simple application must be completed and proof of income presented. Our staff will be happy to assist you in completing the application if needed. Example documents for “proof of income”: Most recent 1040 tax form or most recent W-2 form, or paycheck stub, or social security statement, or child support statement. Applications can be processed at the time of the visit, if all applicable information is available including proof of income.

If you have questions or need more information regarding our sliding fee discount, please contact us at our toll-free number of 1-877-350-2385.

These are tough times; let us help you with your healthcare needs!