

## Eagle View Community Health System Sliding Fee Discount Scale *Effective April 1, 2019*

**This table is based on *annual* household income.**

<b>Family Size</b>	<b>With this income level you pay our Category A</b>	<b>With this income level you receive a Category B</b>	<b>With this income level you receive a Category C</b>	<b>With this income level you receive a Category D</b>	<b>Not eligible for sliding fee discount Category E</b>
<b>1</b>	0- \$12,490	\$12,491- \$15,613	\$15,614- \$18,735	\$18,736- \$24,980	\$24,981 and over
<b>2</b>	0- \$16,910	\$16,911- \$21,138	\$21,139- \$25,365	\$25,366- \$33,820	\$33,821 and over
<b>3</b>	0- \$21,330	\$21,331- \$26,663	\$26,664- \$31,995	\$31,996- \$42,660	\$42,661 and over
<b>4</b>	0- \$25,750	\$25,751- \$32,188	\$32,189- \$38,625	\$38,626- \$51,500	\$51,501 and over
<b>5</b>	0- \$30,170	\$30,171- \$37,713	\$37,714- \$45,255	\$45,256- \$60,340	\$60,341 and over
<b>6</b>	0- \$34,590	\$34,591- \$43,238	\$43,239- \$51,885	\$51,886- \$69,180	\$69,181 and over
<b>7</b>	0- \$39,010	\$39,011- \$48,763	\$48,764- \$58,515	\$58,516- \$78,020	\$78,021 and over
<b>8</b>	0- \$43,430	\$43,431 - \$54,288	\$54,289- \$65,145	\$65,146- \$86,860	\$86,861 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)*

	<b>Category A</b>	<b>Category B</b>	<b>Category C</b>	<b>Category D</b>	<b>Category E</b>
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!*