

2018 Annual Sliding Fee Schedule for Medical Services



Poverty Level	100%	150%	175%	200%	>200%
Family Size	Slide 1	Slide 2	Slide 3	Slide 4	Slide 5
1	\$12,140 or less	\$12,141 - \$16,146	\$16,147 - \$18,210	\$18,211 - \$24,280	\$24,281 or over
2	\$16,460 or less	\$16,461 - \$21,892	\$21,893 - \$24,690	\$24,691 - \$32,920	\$32,921 or over
3	\$20,780 or less	\$20,781 - \$27,637	\$27,638 - \$31,170	\$31,171 - \$41,560	\$41,561 or over
4	\$25,100 or less	\$25,101 - \$33,383	\$33,384 - \$37,650	\$37,651 - \$50,200	\$50,201 or over
5	\$29,420 or less	\$29,421 - \$39,129	\$39,130 - \$44,130	\$44,131 - \$58,840	\$58,841 or over
6	\$33,740 or less	\$33,741 - \$44,874	\$44,875 - \$50,610	\$50,611 - \$67,480	\$67,481 or over
7	\$38,060 or less	\$38,061 - \$50,620	\$50,621 - \$57,090	\$57,091 - \$76,120	\$76,121 or over
8	\$42,380 or less	\$42,381 - \$56,365	\$56,366 - \$63,570	\$63,571 - \$84,760	\$84,761 or over
9+	Add \$4,320 for each person				

Sliding Scale discounts for MHEDS will be:

- **Slide 1** – 100% discount with \$20 fee
- **Slide 2** – 60% discount with \$26 fee
- **Slide 3** – 40% discount with \$39 fee
- **Slide 4** – 20% discount with \$52 fee
- **Slide 5** – 0% discount with \$65 fee

For families/households with more than 10 persons, add \$4,320 for each additional person. The minimum payment is \$20 per visit. The percentages above are the charges that patients would pay should they fall in that income range.

INCOME

INCOME INFORMATION List the income of all ADULTS in your household who are employed.

Person Employed	Company name:	Income <u>before</u> taxes	Circle one
			monthly/yearly
			monthly/yearly
			monthly/yearly
			monthly/yearly

OTHER SOURCES OF INCOME:

Explain:		Weekly/monthly/yearly
		Weekly/monthly/yearly
		Weekly/monthly/yearly

Please read carefully before signing:

PROOF OF INCOME:

You Must Provide Proof of Income by presenting at least one of the items listed below:

- Prior year W-2
- Two most recent pay stubs
- Letter from employer
- Form 4506-T (if W-2 not filed)

For Self-employed individuals

- The most recent three months of income and expenses for the business

By signing below, I agree that **all statements made in this document are true and correct to the best of my knowledge.** I agree that MHEDS staff and/or the subsidizing entity **may contact each employer listed of all people working who reside in my home and/or may contact all agencies to confirm the income I have listed** for the purposes of verifying my eligibility for reduced fees. I agree that I will notify the MHEDS staff and update my application, if the people living in my home change, or our income changes. **I understand that if I do not provide proof of income listed or provide correct information, that I may not be eligible for reduced fees.**

Client Signature

Date

Provider Signature

Date