

Eagle View Community Health System Sliding Fee Discount Scale

Effective January 20, 2025

This table is based on *annual* household income.

Family Size	Category A 100% or below of FPL Nominal Fee Medical: \$30 Dental: \$50	Category B 101% - 133% or below of FPL Nominal Fee Medical: \$40 Dental: \$60	Category C 134% - 167% or below of FPL Nominal Fee Medical: \$50 Dental: \$75	Category D 168% - 199% or below of FPL Nominal Fee Medical: \$65 Dental: \$90	Category E 200% + of FPL Not Eligible for Sliding Fee Discount
1	0-\$15,650	\$15,651 - \$20,815	\$20,816 - \$26,136	\$26,137 - \$31,144	\$31,145 and over
2	0- \$21,150	\$21,151 - \$28,130	\$28,131 - \$35,321	\$35,322 - \$42,089	\$42,090 and over
3	0- \$26,650	\$26,651 - \$35,445	\$35,446 - \$44,506	\$44,507 - \$53,034	\$53,035 and over
4	0- \$32,150	\$32,151 - \$42,760	\$42,761 - \$53,691	\$53,692 - \$63,979	\$63,980 and over
5	0- \$37,650	\$37,651 - \$50,075	\$50,076 - \$62,876	\$62,877 - \$74,924	\$74,925 and over
6	0- \$43,150	\$43,151 - \$57,390	\$57,391 - \$72,061	\$72,062 - \$85,869	\$85,870 and over
7	0- \$48,650	\$48,651 - \$64,705	\$64,706 - \$81,246	\$81,247 - \$96,814	\$96,815 and over
8	0- \$54,150	\$54,151 - \$72,020	\$72,021 - \$90,431	\$90,432 - \$107,759	\$100,180 and over

For each additional family member add \$5,500.

These discounts are available for ~~both~~ medical, dental, and behavioral health visits at all EVCHS sites.

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

	Category A	Category B	Category C	Category D	Category E
Medical Lab	\$0	60% Discount	50% Discount	40% Discount	Full Charges
Dental Lab	50% Discount	40% Discount	30% Discount	20% Discount	Full Charges
Dental Major	50% Discount	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, most recent W-2 form, 2 most recent paycheck stubs, 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 1-866-349-1337.

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