

# Eagle View Community Health System Sliding Fee Discount Scale

*Effective January 16, 2024*

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
<b>1</b>	0- \$15,060	\$15,061-\$20,030	\$20,031 - \$25,150	\$25,151- \$29,969	\$29,970 and over
<b>2</b>	0- \$20,440	\$20,441-\$27,185	\$27,186 - \$34,135	\$34,136- \$40,676	\$40,677 and over
<b>3</b>	0- \$25,820	\$25,821-\$34,341	\$34,342 - \$43,119	\$43,120-\$51,382	\$51,383 and over
<b>4</b>	0- \$31,200	\$31,201-\$41,496	\$41,497- \$52,104	\$52,105-62,088	\$62,089 and over
<b>5</b>	0- \$36,580	\$36,581-\$48,651	\$48,652-\$61,089	\$61,090-\$72,794	\$72,795 and over
<b>6</b>	0- \$41,960	\$41,961-\$55,807	\$55,808-\$70,073	\$70,074-\$83,500	\$83,501 and over
<b>7</b>	0- \$47,340	\$47,341-\$62,962	\$62,963-\$79,058	\$79,059-\$94,207	\$94,208 and over
<b>8</b>	0- \$52,720	\$52,721-70,118	\$70,119-\$88,042	\$88,043-\$104,913	\$104,914 and over

For each additional family member add \$5,380.

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	\$50.00 + cost	40% Discount	30% Discount	20% Discount	Full Charges
Dental Major	\$50.00 + cost	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 1-866-349-1337.

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