

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

Effective April 1, 2020

This table is based on *annual* household income.

| Family Size | Category A 100% or Below of FPL | Category B 101%-133% of FPL | Category C 134%-167% of FPL | Category D 168%-199% of FPL | Category E 200% + of FPL |
|-------------|---|---|---|---|--|
| | Nominal Fee Medical: \$25 Dental: \$45 | Nominal Fee Medical: \$35 Dental: \$55 | Nominal Fee Medical: \$45 Dental: \$70 | Nominal Fee Medical: \$60 Dental: \$90 | Not Eligible for Sliding Fee Discount |
| 1 | 0- \$12,760 | \$12,761- \$16,971 | \$16,972- \$21,309 | \$21,310- \$25,392 | \$25,393 and over |
| 2 | 0- \$17,240 | \$17,241- \$22,929 | \$22,930- \$28,791 | \$28,792- \$34,308 | \$34,309 and over |
| 3 | 0- \$21,720 | \$21,721- \$28,888 | \$28,889- \$36,272 | \$36,273- \$43,223 | \$43,224 and over |
| 4 | 0- \$26,200 | \$26,201- \$34,846 | \$34,847- \$43,754 | \$43,755- \$52,138 | \$52,139 and over |
| 5 | 0- \$30,680 | \$30,681- \$40,804 | \$40,805- \$51,236 | \$51,237- \$61,053 | \$61,054 and over |
| 6 | 0- \$35,160 | \$35,161- \$46,763 | \$46,764- \$58,717 | \$58,718- \$69,968 | \$69,969 and over |
| 7 | 0- \$39,640 | \$39,641- \$52,721 | \$51,722- \$66,199 | \$66,200- \$78,884 | \$78,885 and over |
| 8 | 0- \$44,120 | \$44,121 - \$58,680 | \$58,681- \$73,680 | \$73,681- \$87,799 | \$87,800 and over |

For each additional family member add \$4,480.

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

Lab Fees will be the current “Nominal Fee” plus cost (*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 | \$45.00 + cost | 40% Discount | 30% Discount | 20% Discount | Full Charges |
| Dental Major | \$45.00 + 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 1-877-350-2385.

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