



One Cross Community

Sliding Fee Discount Information

It is the policy of One Cross Community to provide essential services regardless of the patient's ability to pay. One Cross Community offers discounts based on family size and annual income.

Please complete the following information and return it to the front desk to determine if you or members of your family are eligible for a discount. The discount will apply to all services received at this clinic. You must complete this form every 12 months or if your financial situation changes.

Name

Street

City

State

Zip

Phone

		Name	Date of Birth
Self			
Other			



Source	Self	Other	Total
Gross Wages, Salaries, Tips, Self-Employment			
Unemployment, workers comp, social security, supplemental security income, veterans payments, survivor benefit, pension or retirement			
Interest, dividends, royalties, income from rental properties, alimony, child support, assistance from outside the household, and other sources			
Total Income			
Other			

I certify that the family size and income information shown above is correct

Name

Signature

Date

Office Use Only

Patient Name

Approved Discount

Approved by Date

Approved by Date

Verification Checklist	Yes	No
Identification/Address: Drivers license, utility bill, employment ID or other		
Income: prior year tax return, three most recent pay stubs or other		

Exclusions – Category 0

Medical

The following will be billed at 100% of Health Center's actual costs:

- Injectables

Exclusions – Category 1 – 3

Medical

The following will be billed at 100% of the actual charge based on Health Center's fee schedule:

- Some in-office surgeries/procedures
- Certain injectables

# of Persons	Household	Category 1		Category 2		Category 3		Category 4		Category 5	
		100% Poverty Level		101%-150%		151%-175%		176%-200%		Above 200%	
		Slide A \$20		Slide B \$30		Slide C \$40		Slide D \$50		Full Pay	
in Household	Income	From	To	From	To	From	To	From	To	From	
	Annual	0	15,560	15,561	23,340	23,341	27,230	27,231	31,120	31,121	+
1	Per Month	0	1,297	1,298	1,945	1,946	2,269	2,270	2,593	2,594	+
	Per Week	0	299	300	449	450	524	525	598	599	+
	Annual	0	21,150	21,151	31,725	31,726	37,013	37,014	42,300	42,301	+
2	Per Month	0	1,763	1,764	2,644	2,645	3,084	3,085	3,525	3,526	+
	Per Week	0	407	408	610	611	712	713	813	814	+
	Annual	0	26,650	26,651	39,975	39,976	46,638	46,639	53,300	53,301	+
3	Per Month	0	2,221	2,222	3,331	3,332	3,886	3,887	4,442	4,443	+
	Per Week	0	513	514	769	770	897	898	1,025	1,026	+
	Annual	0	32,150	32,151	48,225	48,226	56,263	56,264	64,300	64,301	+
4	Per Month	0	2,679	2,680	4,019	4,020	4,689	4,690	5,358	5,359	+
	Per Week	0	618	619	927	928	1,082	1,083	1,237	1,238	+
	Annual	0	37,650	37,651	56,475	56,476	65,888	65,889	75,300	75,301	+
5	Per Month	0	3,138	3,139	4,706	4,707	5,491	5,492	6,275	6,276	+
	Per Week	0	724	725	1,086	1,087	1,267	1,268	1,448	1,449	+
	Annual	0	43,150	43,151	64,725	64,726	75,513	75,514	86,300	86,301	+
6	Per Month	0	3,596	3,597	5,394	5,395	6,293	6,294	7,192	7,193	+
	Per Week	0	830	831	1,245	1,246	1,452	1,453	1,660	1,661	+
	Annual	0	48,650	48,651	72,975	72,976	85,138	85,139	97,300	97,301	+
7	Per Month	0	4,054	4,055	6,081	6,082	7,095	7,096	8,108	8,109	+
	Per Week	0	936	937	1,403	1,404	1,637	1,638	1,871	1,872	+
	Annual	0	54,150	54,151	81,225	81,226	94,763	94,764	108,300	108,301	+
8	Per Month	0	4,513	4,514	6,769	6,770	7,897	7,898	9,025	9,026	+
	Per Week	0	1,041	1,042	1,562	1,563	1,822	1,823	2,083	2,084	+

Sliding Scale is based upon the Total Gross Household Income and the number of persons residing in the household

An inability to pay WILL NOT be a barrier to services and/or care