



## 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.

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Name

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Street

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City

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State

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Zip

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Phone

		Name	Date of Birth
Self			
Other			
Other			
Other			
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

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		



### SLIDING FEE DISCOUNT - 2024

FAMILY SIZE	INCOME MEASURE	CATEGORY 1	CATEGORY 2	CATEGORY 3	CATEGORY 4	CATEGORY 5
1	Annual	\$0 - \$15,060	\$15,061 - \$22,590	\$22,591 - \$26,355	\$26,356 - \$30,120	\$30,121+
	Monthly	\$0 - \$1,255	\$1,256 - \$1,882	\$1,883 - \$2,196	\$2,197 - \$2,510	\$2,511+
2	Annual	\$0 - \$20,440	\$20,441 - \$30,660	\$30,661 - \$35,770	\$35,771 - \$40,880	\$40,881+
	Monthly	\$0 - \$1,703	\$1,704 - \$2,555	\$2,556 - \$2,980	\$2,980 - \$3,406	\$3,406+
3	Annual	\$0 - \$25,820	\$25,821 - \$38,730	\$38,731 - \$45,185	\$45,186 - \$51,640	\$51,641+
	Monthly	\$0 - \$2,151	\$2,152 - \$3,227	\$3,228 - \$3,765	\$3,765 - \$4,303	\$4,304+
4	Annual	\$0 - \$31,200	\$31,201 - \$46,800	\$46,801 - \$54,600	\$54,601 - \$62,400	\$62,401+
	Monthly	\$0 - \$2,600	\$2,601 - \$3,900	\$3,901 - \$4,550	\$4,551 - \$5,200	\$5,201+
5	Annual	\$0 - \$36,580	\$36,581 - \$54,870	\$54,871 - \$64,015	\$64,016 - \$73,160	\$73,161+
	Monthly	\$0 - \$3,048	\$3,049 - \$4,572	\$4,573 - \$5,334	\$5,335 - \$6,096	\$6,097+
6	Annual	\$0 - \$41,960	\$41,961 - \$62,940	\$62,941 - \$73,430	\$73,431 - \$83,920	\$83,921+
	Monthly	\$0 - \$3,496	\$3,497 - \$5,245	\$5,246 - \$6,119	\$6,120 - \$6,990	\$6,991+
7	Annual	\$0 - \$47,340	\$47,341 - \$71,010	\$71,011 - \$82,845	\$82,846 - \$94,680	\$94,681+
	Monthly	\$0 - \$3,945	\$3,945 - \$5,917	\$5,918 - \$6,903	\$6,904 - \$7,890	\$7,891+
8	Annual	\$0 - \$52,720	\$52,721 - \$79,080	\$79,081 - \$92,260	\$92,260 - \$105,440	\$105,441+
	Monthly	\$0 - \$4,393	\$4,394 - \$6,590	\$6,591 - \$7,688	\$7,689 - \$8,786	\$8,787+
% of Federal Poverty Income Level		UP TO 100%	101% - 150%	151% - 175%	176% - 200%	ABOVE 200%
Patient Fee		\$20.00	\$30.00	\$40.00	\$50.00	100%

**For households with 8+ persons, add an additional \$5,380 (\$448 monthly).**

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