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What is a Sliding Fee Schedule?

A discounted/sliding fee schedule is a set of discounts that is applied to a site's schedule of charges for services, based upon a written policy that is non-discriminatory. The fee schedules address the need for equitable charges for services rendered to patients. To determine the Sliding Fee Schedule, you qualify for we use your annual gross income to calculate the Federal Poverty Level (PFL) according to the most recent Federal Poverty Guidelines, to view the most recent FPL visit the website:

<http://aspe.hhs.gov/poverty/index.cfm>

We can provide a copy of the current Sliding Fee Schedule upon request.

Why a Sliding fee Schedule?

Federal requirements prescribe that a locally determined discounted/sliding fee schedule be used, and that services be provided either at no fee or a nominal fee, as determined by the provider.

How do I apply for Discount/Sliding Fee Schedule?

Bring proof if you qualify for a federal/state public assistance program, for example:

1. Social Security Disability Income (SSDi).
2. Temporary Assistance for Needy Families (TANF).
3. Free or reduced school lunch program.
4. Other public assistance programs.

If you are uninsured and want to apply you must fill out an application and provide the following information:

- **(original) current proof of income** (pay stubs not older than 30 days, w-2 or 1099, tax returns),
- **dependent(s) information** (Name, date of birth, and relation).

With this information, we can help you fill out the application and we will let you know that same day what Sliding Fee Schedule you qualify for.

***Sliding Fee Schedule is reviewed and updated every year from the date of enrollment.**



Annual Gross Income: \$ _____

Proof Income

- Paystub Award Letter 1099 Form Tax Return w-2 Form
- Disability Affidavit Other: _____

Other Proof of income (if applicable): _____

Other Annual Income: \$ _____

- Alimony Child Support Social Security TANF Welfare Assistance/GR

Dependents

Self

Name: _____	Date of Birth: _____	Relation: _____
Name: _____	Date of Birth: _____	Relation: _____
Name: _____	Date of Birth: _____	Relation: _____
Name: _____	Date of Birth: _____	Relation: _____
Name: _____	Date of Birth: _____	Relation: _____

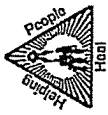
I declare that the foregoing is true and correct.

Client Name	Client Signature	Date
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% Of FPL: _____ Sliding Fee Schedule: _____ Copay: \$ _____

BACHC Staff Member Same	BACHC Staff Member Signature
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Bartz-Altadonna Community Health Center
2019 Psychiatry Department



BARTZ-ALTADONNA
 Community Health Center
 California Healthcare Foundation

Effective date March 2019

Monthly Income Thresholds by Sliding Fee Discount Pay Class and % of Poverty Level *

Family Unit Size	A	B	C	D	E	F
% Fed Poverty level	\$40:00	\$55:00	\$70:00	\$85:00	\$100:00	100% pay
	0%-100%	101%-150%	150.01%-165%	165.01%-180%	180.01%-200%	201% and over
1	0.00 ≤ 1,040.83	1,040.84 - 1,561.25	1,561.26 - 1,717.38	1,717.39 - 1,873.50	1,873.51 - 2,081.67	≥ 2,081.68
2	0.00 ≤ 1,409.17	1,409.18 - 2,113.75	2,113.76 - 2,325.13	2,325.14 - 2,536.50	2,536.51 - 2,818.33	≥ 2,818.34
3	0.00 ≤ 1,777.50	1,777.51 - 2,666.25	2,666.26 - 2,932.88	2,932.89 - 3,199.50	3,199.51 - 3,555.00	≥ 3,555.01
4	0.00 ≤ 2,145.83	2,145.84 - 3,218.75	3,218.76 - 3,540.63	3,540.64 - 3,862.50	3,862.51 - 4,291.67	≥ 4,291.68
5	0.00 ≤ 2,514.17	2,514.18 - 3,771.25	3,771.26 - 4,148.38	4,148.39 - 4,525.50	4,525.51 - 5,028.33	≥ 5,028.34
6	0.00 ≤ 2,882.50	2,882.51 - 4,323.75	4,323.76 - 4,756.13	4,756.14 - 5,188.50	5,188.51 - 5,765.00	≥ 5,765.01
7	0.00 ≤ 3,250.83	3,250.84 - 4,876.25	4,876.26 - 5,363.88	5,363.89 - 5,851.50	5,851.51 - 6,501.67	≥ 6,501.68
8	0.00 ≤ 3,619.17	3,619.18 - 5,428.75	5,428.76 - 5,971.63	5,971.64 - 6,514.50	6,514.51 - 7,238.33	≥ 7,238.34

Annual Income Threshold by Sliding Fee Discount Pay Class and % of Poverty Level**

Family Unit Size	A	B	C	D	E	F
% Fed Poverty level	\$40:00	\$55:00	\$70:00	\$85:00	\$100:00	100% pay
	0%-100%	101%-150%	150.01%-165%	165.01%-180%	180.01%-200%	201% and over
1	0.00 ≤ 12,490.00	12,490.01 - 18,735.00	18,735.01 - 20,608.50	20,608.51 - 22,482.00	22,482.01 - 24,980.00	≥ 24,980.01
2	0.00 ≤ 16,910.00	16,910.01 - 25,365.00	25,365.01 - 27,901.50	27,901.51 - 30,438.00	30,438.01 - 33,820.00	≥ 33,820.01
3	0.00 ≤ 21,330.00	21,330.01 - 31,995.00	31,995.01 - 35,194.50	35,194.51 - 38,394.00	38,394.01 - 42,660.00	≥ 42,660.01
4	0.00 ≤ 25,750.00	25,750.01 - 38,625.00	38,625.01 - 42,487.50	42,487.51 - 46,350.00	46,350.01 - 51,500.00	≥ 51,500.01
5	0.00 ≤ 30,170.00	30,170.01 - 45,255.00	45,255.01 - 49,780.50	49,780.51 - 54,306.00	54,306.01 - 60,340.00	≥ 60,340.01
6	0.00 ≤ 34,590.00	34,590.01 - 51,885.00	51,885.01 - 57,073.50	57,073.51 - 62,262.00	62,262.01 - 69,180.00	≥ 69,180.01
7	0.00 ≤ 39,010.00	39,010.01 - 58,515.00	58,515.01 - 64,366.50	64,366.51 - 70,218.00	70,218.01 - 78,020.00	≥ 78,020.01
8	0.00 ≤ 43,430.00	43,430.01 - 65,145.00	65,145.01 - 71,659.50	71,659.51 - 78,174.00	78,174.01 - 86,860.00	≥ 86,860.01

*For families of more than 8 individuals add \$368.33 per individual

**For families of more than 8 individuals add \$4,420 per individual