



Katahdin Valley Health Center

2018 Sliding Fee Application

You may be eligible for a **sliding fee discount** on participating services, **even if you have insurance**.

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Our sliding fee discount, which is based on your **household income**, is available to **all** patients of KVHC who qualify.

Please take the time to **complete and sign** the following sliding fee application. Your Sliding Fee Application must be completed within 30 days. If supporting documentation is not received within that time frame, a new application will need to be completed. Please be aware we require two forms of financial information for each adult in the household.

If **you filed** a 2017 Federal Income Tax return, we are **required to have a signed copy** on file.

- Please submit a signed 2017 Federal Income Tax return with **W-2 forms attached**. (if filing jointly, both signatures are required)
- Please also submit any pertinent schedules, such as Schedule C, D, E, or F.
- If you no longer have a copy of your 2017 taxes, you can request a return transcript by calling the IRS at 1-800-829-1040 or online at the following address:
<http://www.irs.gov/Individuals/Get-Transcript>

Please provide a second form of income documentation for each adult in the household.

If you are **not required to file** a tax return, please submit **two** of the following documents as proof of income:

- **Three recent months** of consecutive bank statements showing direct deposit of income
- Annual Social Security Benefit Statement (if you do not have a benefit statement, you can request a copy by calling Social Security at 1-800-772-1213)
- Employment paystubs for the last **four weeks**
- Unemployment statement
- TANF statement

Creating **healthy communities**, starting with **you**.



2018 Sliding Fee Application

You will be required to provide proof of income in order to qualify for the sliding fee. See Page 1 for details.

Please check all that apply: Medical Patient Dental Patient KVHC Pharmacy

Name: _____ Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Provider Name: _____ Health Insurance: _____

Place of Birth - City: _____ State/Country: _____

Employment Status (Check one):

Full-Time Part-Time Retired Disabled Student Self-Employed Unemployed

Do you need help paying for prescriptions? Yes No

Please choose one of the following options:

I have filed my 2017 federal income tax return. Single Return Joint Return

I was NOT required to file federal income taxes for 2017

This program requires a visit fee at the time of each visit. It is not free care. MaineCare and Maine Breast and Cervical Health Program applications are available and you are encouraged to apply.

Household Information

Any person living in your household, other than yourself, must be listed below. Please list all dependents, the sliding fee is based on your household income and your family size.

- A Dependent is any person living in your household for which you supply at least 50% of their support or income, and that you claim on your income tax return.

	Name	Date of Birth	Insurance	Office Use Only Medical/Dental ID#
Spouse				
Child/Other				
Child/Other				
Child/Other				

I attest that all of the information on this application, including annual gross income are complete and accurate to the best of my knowledge.

Signature: _____ **Date:** _____

Office Use Only Medical Patient ID	Dental Patient ID	Slide Level	Annual/90	Change in Income
_____	_____	_____	_____	_____

2018 Sliding Fee Schedule • Effective April 1, 2018

Family Size	Federal Poverty Guidelines					
	100% and Below A	125% B	150% C	175% D	200% E	Over 200% Full Charge
1	\$0 - \$12,140	\$12,141 - \$15,175	\$15,176 - \$18,210	\$18,211 - \$21,245	\$21,246 - \$24,280	\$24,281
2	\$0 - \$16,460	\$16,461 - \$20,575	\$20,576 - \$24,690	\$24,691 - \$28,805	\$28,806 - \$32,920	\$32,921
3	\$0 - \$20,780	\$20,781 - \$25,975	\$25,976 - \$31,170	\$31,171 - \$36,365	\$36,366 - \$41,560	\$41,561
4	\$0 - \$25,100	\$25,101 - \$31,375	\$31,376 - \$37,650	\$37,651 - \$43,925	\$43,926 - \$50,200	\$50,201
5	\$0 - \$29,420	\$29,421 - \$36,775	\$36,776 - \$44,130	\$44,131 - \$51,485	\$51,486 - \$58,840	\$58,841
6	\$0 - \$33,740	\$33,741 - \$42,175	\$42,176 - \$50,610	\$50,611 - \$59,045	\$59,046 - \$67,480	\$67,481
7	\$0 - \$38,060	\$38,061 - \$47,575	\$47,576 - \$57,090	\$57,091 - \$66,605	\$66,606 - \$76,120	\$76,121
8	\$0 - \$42,380	\$42,381 - \$52,975	\$52,976 - \$63,570	\$63,571 - \$74,165	\$74,166 - \$84,760	\$84,761
Additional members	add \$4,320	add \$5,400	add \$6,480	add \$7,560	add \$8,640	add \$8,640

Based on eligibility, the patient is responsible for either the nominal fee or for the percentage listed of the total charge.
 Example: A total charge of \$90 for a dental exam with Slide B ($\$90 \times 40\% = \36 which is the total patient responsibility)

PAYMENTS MUST BE MADE AT TIME OF VISIT

Sliding Fee Level	Medical & Behavioral Health Services	Preventive** Dental Services	Additional*** Dental Services	Optometry, Physical Therapy, and Chiropractic Services
A*	\$10.00	\$15.00	\$15.00	\$20.00
B	\$20.00	40%	50%	35%
C	\$35.00	60%	65%	50%
D	\$45.00	75%	80%	75%
E	\$50.00	80%	90%	85%
Over 200%	Full Charge	Full Charge	Full Charge	Full Charge

Certain items provided within a visit(s) cannot be discounted. These include but are not limited to: Injected Medications, Durable Medical Equipment or Supplies, Physical Therapy Aids, Crowns, Dentures, Bridges, and Mouth Guards.

* All patients below 100% of the Poverty Guidelines will be charged the nominal fee listed or less based on demonstrated ability to pay. Preventive and additional services performed in the same visit will result in only one nominal fee.

** Preventive Procedures: exams, cleanings, x-rays, and sealants.

*** Additional Procedures: fillings such as with amalgam (silver) or composite (white), any gum treatments such as scaling and root planning (deep cleaning), and non-surgical simple extractions

Sliding Fee Discount for Eyeglass Purchases

All KVHC patients with an approved sliding fee will be responsible for the cost of one pair of eyeglasses annually through our Classic Optical basic package option.