



# Katahdin Valley Health Center

## 2019 Sliding Fee Application

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

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Patten, ME 04765

Phone: 1-866-366-5842 ext. 425  
Fax: 207-528-2880

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 proofs of income for each adult in the household.

If **you filed** a 2018 Federal Income Tax return, we are **required to have a signed copy** on file.

- Please submit a signed 2018 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 2018 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 proof of income 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
- SNAP or TANF statement

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



# 2019 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: \_\_\_\_\_

KVHC 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 2018 federal income tax return.     Single Return     Joint Return

I was NOT required to file federal income taxes for 2018   

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
_____	_____	_____	_____	_____

# 2019 Sliding Fee Schedule • Effective April 1, 2019

Family Size	Federal Poverty Guidelines					
	100% and Below <b>A</b>	101% - 125% <b>B</b>	126% - 150% <b>C</b>	151% - 175% <b>D</b>	176% - 200% <b>E</b>	Over 200% <b>Full Charge</b>
<b>1</b>	\$0 - \$12,490	\$12,491 - \$15,613	\$15,614 - \$18,735	\$18,736 - \$21,858	\$21,859 - \$24,980	\$24,981
<b>2</b>	\$0 - \$16,910	\$16,911 - \$21,138	\$21,139 - \$25,365	\$25,366 - \$29,593	\$29,594 - \$33,820	\$33,821
<b>3</b>	\$0 - \$21,330	\$21,331 - \$26,663	\$26,664 - \$31,995	\$31,996 - \$37,328	\$37,329 - \$42,660	\$42,661
<b>4</b>	\$0 - \$25,750	\$25,751 - \$32,188	\$32,189 - \$38,625	\$38,626 - \$45,063	\$45,064 - \$51,500	\$51,501
<b>5</b>	\$0 - \$30,170	\$30,171 - \$37,713	\$37,714 - \$45,255	\$45,256 - \$52,798	\$52,799 - \$60,340	\$60,341
<b>6</b>	\$0 - \$34,590	\$34,591 - \$43,238	\$43,239 - \$51,885	\$51,886 - \$60,533	\$60,534 - \$69,180	\$69,181
<b>7</b>	\$0 - \$39,010	\$39,011 - \$48,763	\$48,764 - \$58,515	\$58,516 - \$68,268	\$68,269 - \$78,020	\$78,021
<b>8</b>	\$0 - \$43,430	\$43,431 - \$54,288	\$54,289 - \$65,145	\$65,146 - \$76,003	\$76,004 - \$86,860	\$86,861
Additional members	add \$4,420	add \$5,525	add \$6,630	add \$7,735	add \$8,840	add \$8,840

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, Rehabilitative Services (Physical Therapy, Chiropractic, Acupuncture, and Massage Therapy)
<b>A*</b>	\$10.00	\$15.00	\$15.00	\$20.00
<b>B</b>	\$20.00	40%	50%	35%
<b>C</b>	\$35.00	60%	65%	50%
<b>D</b>	\$45.00	75%	80%	75%
<b>E</b>	\$50.00	80%	90%	85%
<b>Over 200%</b>	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.