Katahdin Valley Health Center

2023 Sliding Fee Discount 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 discount application. Your Sliding Fee Discount 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 2022 Federal Income Tax return, we are **required to have a signed copy** on file.

- Please submit a signed 2022 Federal Income Tax return with **W-2 forms attached.** (if filing jointly, both signatures are required)
- Please also submit any pertinent schedules.
- If you no longer have a copy of your 2022 taxes, you can request a return transcript by 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.**

2023 Sliding Fee Discount Application

You will be required to provide proof of income in order to qualify for the sliding fee discount. 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 2022 federal income tax return. ☐Single Return ☐Joint Return

I was NOT required to file federal income taxes for 2022 ☐

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 discount 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 _____

2023 Sliding Fee Discount Schedule • Effective April 1, 2023

	Federal Poverty Guidelines					
Family Size	100% and Below **A**	101% - 125% **B**	126% - 150% **C**	151% - 175% **D**	176% - 200% **E**	Over 200% **Full Charge**
1	$0 - $14,580	$14,581 - $18,225	$18,226 - $21,870	$21,871 - $25,515	$25,516 - $29,160	$29,161
2	$0 - $19,720	$19,721 - $24,650	$24,651 - $29,580	$29,581 - $34,510	$34,511 - $39,440	$39,441
3	$0 - $24,860	$24,861 - $31,075	$31,076 - $37,290	$37,291 - $43,505	$43,506 - $49,720	$49,721
4	$0 - $30,000	$30,001 - $37,500	$37,501 - $45,000	$45,001 - $52,500	$52,501 - $60,000	$60,001
5	$0 - $35,140	$35,141 - $43,925	$43,926 - $52,710	$52,711 - $61,495	$61,496 - $70,280	$70,281
6	$0 - $40,280	$40,281 - $50,350	$50,351 - $60,420	$60,421 - $70,490	$70,491 - $80,560	$80,561
7	$0 - $45,420	$45,421 - $56,775	$56,776 - $68,130	$68,131 - $79,485	$79,486 - $90,840	$90,841
8	$0 - $50,560	$50,561 - $63,200	$63,201 - $75,840	$75,841 - $88,480	$88,481 - $101,120	$101,121
Per Each Additional Member	add $5,140	add $6,425	add $7,710	add $8,995	add $10,280	add $10,280

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 x 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, Speech Therapy, Massage Therapy)
A*	$10.00	$15.00	$15.00	$15.00
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, Dentures, Crowns, 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

KVHC patients who are uninsured and/or wish to purchase glasses as a self-pay patient are eligible to purchase glasses from the deeply discounted Affordable Vision Package.