Health Centers NOCHSI
Fulton • Mexico • Oswego • Parish • Phoenix • Pulaski

Northern Oswego County Health Services, Inc.
61 Delano Street, Pulaski, New York 13142-1400
(315) 298-6569 Fax (315) 298-7488 TDD: 711
www.nochsi.org

SLIDING FEE SCALE PROGRAM

NOCHSI offers a sliding fee scale. This means we can reduce your charges for medical and dental services based upon your household's income. If you have insurance, we will adjust only the portion that you must pay. Insurance co-payments are excluded from sliding fee discounts. Once approved for sliding fee, your coverage is valid for one year. You must re-certify every year to maintain your coverage.

Our sliding fee scale program will also pay a portion of your medical lab and pharmacy bills if you have no insurance coverage. This laboratory benefit is only available for lab work done through Oswego Hospital Laboratories. A provider of NOCHSI must order prescriptions and lab work.
If you are eligible for patient assisted medicine, we do require you to apply. All Medicare applicants who are 65 or older will be required to enroll in EPIC, New York State's prescription plan for seniors. The sliding fee program will reimburse you for EPIC's annual fee and all prescription co-pays at the level of program discount. For example, if you qualify for 75% sliding fee, we will reimburse you 75% of your annual fee and co-pays. A form is available at the health center to submit receipts for reimbursement. Receipts may be submitted at any time, however we will only send checks quarterly. Reimbursement checks will be issued at the end of March, June, September and December for all receipts submitted to date.

Please check the income chart below. If your gross household income appears on the line that shows your household size, you may be eligible for reduced charges. Complete the application form on the reverse side and bring it to the front desk so that we can set up an appointment for you with our financial counselor. You may also mail the form with necessary income verification to the address above and we will contact your to set up an appointment. If you have any questions you can call the ***Pulaski Health Center at 298-6564 and ask to speak with our Outreach and Access Represetative.***

Effective October 1, 2013, all sliding fee patients without insurance coverage must pay a minimum visit fee of $10.00.

Household Members	Medicaid Eligible	75% discount	50% discount	25% discount
1	0 - 11,670	11,671 - 15,561	15,562 - 19,452	19,453 - 23,340
2	0 - 15,730	15,731 - 20,974	20,975 - 26,219	26,220 - 31,460
3	0 - 19,790	19,791 - 26,388	26,389 - 32,985	32,986 - 39,580
4	0 - 23,850	23,851 - 31,801	31,802 - 39,752	39,753 - 47,700
5	0 - 27,910	27,911 - 37,214	37,215 - 46,519	46,520 - 55,820
6	0 - 31,970	31,971 - 42,628	42,629 - 53,285	53,286 - 63,940
7	0 - 36,030	36,031 - 48,041	48,042 - 60,052	60,053 - 72,060
8	0 - 40,090	40,091 - 53,454	53,455 - 66,819	66,820 - 80,180
9	0 - 44,150	44,151 - 58,868	58,869 - 73,585	73,586 - 88,300
10	0 - 48,210	48,211 - 64,281	64,282 - 80,352	80,353 - 96,420

APPLICATION FOR SLIDING FEE SCALE ADJUSTMENT

*****PLEASE BRING VERIFICATION OF INCOME*****
Please see attached checklist for acceptable forms of verification.

Please complete items 1-5 and return.

1. NAME: _____
   First Middle Last
   ADDRESS: _____
   Number and Street City State Zip
   TELEPHONE: _____

2. **CURRENT EMPLOYER: _____**
   ADDRESS & PHONE #: _____

3. **INCOME**: List income for the household from:

	Current Monthly	Last 12 Month Total
Wages or self-employed.....	_____	_____
Public Assistance or Social Security.....	_____	_____
Unemployment or Workmen's Comp.....	_____	_____
Alimony or Child Support.....	_____	_____
Pensions/Annuities.....	_____	_____
Income from rent, dividends, interest, and any other source.....	_____	_____

4. Do you have any other insurance?..... _____
   If so, what kind?..... _____
   Identification #…….. _____

5. **HOUSEHOLD SIZE**:

NAME	SOCIAL SECURITY #	DATE OF BIRTH	*RELATIONSHIP*
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature of the applicant _____Date _____

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FOR OFFICE USE ONLY
Qualifies for: _____% Discount _____ Ineligible
Date of determination: _____ Signature: _____

Serving the Community since 1969
NOCHSI is an Equal Opportunity Provider and Employer
Complaints of discrimination should be sent to: USDA Director Office of Civil Rights, 1400 Independence Ave., S.W., Washington, DC 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD)