

SLIDING FEE SCALE PROGRAM

ConnextCare offers a sliding fee scale. This means we can reduce your charges for services based upon your household's income. If you have insurance, we will adjust only the portion that you must pay. 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 ConnextCare 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 from our Outreach and Access Representatives 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 yearly 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 at one of our health centers so that we can set up an appointment for you with one of our Outreach and Access Representatives. You may also mail the form with necessary income verification to the address above and we will contact you to set up an appointment. If you have any questions you can call the **Pulaski location at 298-6564 and ask to speak with our Outreach and Access Representative.**

All sliding fee patients are asked to pay a nominal visit fee of \$15.00.

Household Members	Medicaid Eligible	75% discount	50% discount	25% discount
1	0 - 13,590	13,591 - 18,121	18,122 - 22,652	22,653 - 27,180
2	0 - 18,310	18,311 - 24,414	24,415 - 30,519	30,520 - 36,620
3	0 - 23,030	23,031 - 30,708	30,709 - 38,385	38,386 - 46,060
4	0 - 27,750	27,751 - 37,001	37,002 - 46,252	46,253 - 55,500
5	0 - 32,470	32,471 - 43,294	43,295 - 54,119	54,120 - 64,940
6	0 - 37,190	37,191 - 49,588	49,589 - 61,985	61,986 - 74,380
7	0 - 41,910	41,911 - 55,881	55,882 - 69,852	69,853 - 83,820
8	0 - 46,630	46,631 - 62,174	62,175 - 77,719	77,720 - 93,260
9	0 - 51,350	51,351 - 68,468	68,469 - 85,585	85,586 - 102,700
10	0 - 56,070	56,071 - 74,761	74,762 - 93,452	93,453 - 112,140
11	0 - 60,790	60,791 - 81,054	81,055 - 101,319	101,320 - 121,580
12	0 - 65,510	65,511 - 87,348	87,349 - 109,185	109,186 - 131,020

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	RELATIONSHIP	DATE OF BIRTH
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of the applicant _____ Date _____

.....
FOR OFFICE USE ONLY

Qualifies for: _____ % Discount _____ Ineligible

Date of determination: _____ Signature: _____