ConneXtCare™
A Community of Care

61 Delano Street, Pulaski, New York 13142-1400
Phone: (315) 298-6569 Fax: (315) 298-7488 TDD: 711
www.connextcare.org

Quick Facts about our Sliding Fee Program

- You can have Sliding Fee AND insurance! A discount will be applied to all balances AFTER insurance.
- If you don't have insurance, Sliding Fee applies to prescriptions and lab bills! We contract with most local pharmacies and Oswego Hospital Lab to provide this service.
- Sliding Fee covers medical, mental health and most dental services!
- Sliding Fee applies to EPIC prescription costs and annual fees!
- It's easy to apply!

Sample Annual Income Guidelines 2026:

Family Size	Medicaid eligible	75% discount	50% discount	25% discount
1	0 - 15,960	15,961 - 21,281	21,282 - 26,602	26,603 - 31,920
2	0 - 21,640	21,641 - 28,854	28,855 - 36,069	36,070 - 43,280
3	0 - 27,320	27,321 - 36,428	36,429 - 45,535	45,536 - 54,640
4	0 - 33,000	33,001 - 44,001	44,002 - 55,002	55,003 - 66,000

Updated 02/12/2026

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The following documents need to be included with the Sliding Fee application and are acceptable forms of income. Please include paper documentation for everyone in the household, related or not. We will be unable to process the application without all of the required information.

- Current Federal Income Tax filing
- The last three (3) pay stubs if weekly, two (2) if by-weekly
- Any alimony or child support
- Public Assistance or Social Security
- Unemployment or Workmen's Compensation
- Pensions or Annuities
- Income from rent, dividends, interest, or any other source

Thank you,
Outreach and Access Representative

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

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

   Or, Are you homeless? Yes________ No_______ If yes- What is your current status:
   ☐ Homeless shelter ☐ Transitional ☐ Doubling up ☐ On the street

3. Are you a veteran? Yes________ No________
4. Do you live in public Housing? Yes_______ No_______
5. **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..	________	________

6. Do you have any other insurance?............................ ____________________
   If so, what kind?.. ____________________
   Identification #.. ____________________

7. **HOUSEHOLD SIZE**:

NAME	RELATIONSHIP	DATE OF BIRTH

Signature of the Applicant ______________________________ Date __________

....

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

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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 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 - 15,960	15,961 - 21,281	21,282 - 26,602	26,603 - 31,920
2	0 - 21,640	21,641 - 28,854	28,855 - 36,069	36,070 - 43,280
3	0 - 27,320	27,321 - 36,428	36,429 - 45,535	45,536 - 54,640
4	0 - 33,000	33,001 - 44,001	44,002 - 55,002	55,003 - 66,000
5	0 - 38,680	38,681 - 51,574	51,575 - 64,469	64,470 - 77,360
6	0 - 44,360	44,361 - 59,148	59,149 - 73,935	73,936 - 88,720
7	0 - 50,040	50,041 - 66,721	66,722 - 83,402	83,403 - 100,080
8	0 - 55,720	55,721 - 74,294	74,295 - 92,869	92,870 - 111,440
9	0 - 61,400	61,401 - 81,868	81,869 - 102,335	102,336 - 122,800
10	0 - 67,080	67,081 - 89,441	89,442 - 111,802	111,803 - 134,160
11	0 - 72,760	72,761 - 97,014	97,015 - 121,269	121,270 - 145,520
12	0 - 78,440	78,441 - 104,588	104,589 - 130,735	130,736 - 156,880

APPLICATION FOR SLIDING FEE SCALE ADJUSTMENT
*****PLEASE BRING VERIFICATION OF INCOME*****

Please see attached checklist for acceptable forms of verification.