



SLIDING FEE DISCOUNT PROGRAM PATIENT APPLICATION

Western U P Health Department - Healthy Connections Program

Sliding Fee Discount Information

It is the policy of Healthy Connections to provide essential services regardless of the patient’s ability to pay. Healthy Connections offers discounts based on family size and annual income.

Please complete the following information and return to the clerk to determine if you or members of your family are eligible for a discount.

The discount will apply to all services received at this clinic, but not those services or equipment purchased from outside, including reference laboratory testing, drugs, x-ray interpretation by a consulting radiologist, and other such services. You must complete this form every 12 months or if your financial situation changes.

NAME					
STREET		CITY	STATE	ZIP	PHONE

Please list all household members, including those under age 18.

	Name	Date of Birth
SELF		
OTHER		
OTHER		
OTHER		

Source	Self	Other	Total
Gross wages, salaries, tips, etc.			
Income from business and self-employment			
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, veterans' payments, survivor benefits, pension, or retirement income			
Interest; dividends; royalties; income from rental properties, estates, and trusts; alimony; child support; assistance from outside the household; and other miscellaneous sources			
TOTAL INCOME			

I certify that the family size and income information shown above is correct.

Name (Print)		
Signature		Date

OFFICE USE ONLY

Patient Name: _____

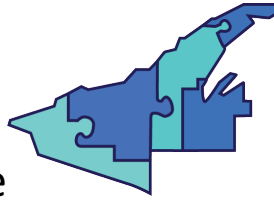
Approved Discount: _____

Approved by: _____

Date Approved: _____

Verification Checklist	Yes	No
Identification/Address: Driver's license, utility bill, employment identification, or other		
Income: Prior year tax return, three most recent pay stubs, or other		

Self-declaration of income may also be used.



Healthy Connections

Sliding Fee Schedule

A program of the Western U P Health Department

Family Size							
Discount		100%	A=80%	B=60%	C=40%	D=20%	E=0%
1	YEAR	\$ 27,180	\$ 32,805	\$ 36,460	\$ 40,095	\$ 43,740	
	MONTH	\$ 2,265	\$ 2,734	\$ 3,038	\$ 3,341	\$ 3,645	
	WEEK	\$ 522.69	\$ 630.87	\$ 701.15	\$ 771.06	\$ 841.15	
2	YEAR	\$ 36,620	\$ 44,370	\$ 49,300	\$ 54,230	\$ 59,160	
	MONTH	\$ 3,052	\$ 3,698	\$ 4,108	\$ 4,519	\$ 4,930	
	WEEK	\$ 704.23	\$ 853.27	\$ 948.08	\$ 1,042.88	\$ 1,137.69	
3	YEAR	\$ 46,060	\$ 55,935	\$ 62,150	\$ 68,365	\$ 74,580	
	MONTH	\$ 3,838	\$ 4,661	\$ 5,179	\$ 5,697	\$ 6,215	
	WEEK	\$ 885.77	\$ 1,075.67	\$ 1,195.19	\$ 1,314.71	\$ 1,434.23	
4	YEAR	\$ 55,500	\$ 67,500	\$ 75,000	\$ 82,500	\$ 90,000	
	MONTH	\$ 4,625	\$ 5,625	\$ 6,250	\$ 6,875	\$ 7,500	
	WEEK	\$ 1,067.31	\$ 1,298.08	\$ 1,442.31	\$ 1,586.54	\$ 1,730.77	
5	YEAR	\$ 64,940	\$ 79,065	\$ 87,850	\$ 96,635	\$ 105,420	
	MONTH	\$ 5,412	\$ 6,589	\$ 7,321	\$ 8,053	\$ 8,785	
	WEEK	\$ 1,248.85	\$ 1,520.48	\$ 1,689.42	\$ 1,858.37	\$ 2,027.31	
6	YEAR	\$ 74,380	\$ 90,630	\$ 100,700	\$ 110,770	\$ 120,840	
	MONTH	\$ 6,198	\$ 7,553	\$ 8,392	\$ 9,231	\$ 10,070	
	WEEK	\$ 1,430.38	\$ 1,742.88	\$ 1,936.54	\$ 2,130.19	\$ 2,323.85	
7	YEAR	\$ 83,820	\$ 102,195	\$ 113,550	\$ 124,905	\$ 136,260	
	MONTH	\$ 6,985	\$ 8,516	\$ 9,463	\$ 10,409	\$ 11,355	
	WEEK	\$ 1,611.92	\$ 1,965.29	\$ 2,183.65	\$ 2,402.02	\$ 2,620.38	
8	YEAR	\$ 93,260	\$ 113,760	\$ 126,400	\$ 139,040	\$ 151,680	
	MONTH	\$ 7,772	\$ 9,480	\$ 10,533	\$ 11,587	\$ 12,640	
	WEEK	\$ 1,793.46	\$ 2,187.69	\$ 2,430.77	\$ 2,673.85	\$ 2,916.92	
Intake Assessment		NC	\$ 50.00	\$ 100.00	\$ 150.00	\$ 200.00	\$ 250.00
Treatment Planning		NC	\$ 20.00	\$ 40.00	\$ 60.00	\$ 80.00	\$ 100.00
Individual Counseling - 15 Min		NC	\$ 5.00	\$ 10.00	\$ 15.00	\$ 20.00	\$ 25.00
Individual Counseling - 30 Min		NC	\$ 10.00	\$ 20.00	\$ 30.00	\$ 40.00	\$ 50.00
Individual Counseling - 45 Min		NC	\$ 15.00	\$ 30.00	\$ 45.00	\$ 60.00	\$ 75.00
Individual Counseling - 60 Min		NC	\$ 20.00	\$ 40.00	\$ 60.00	\$ 80.00	\$ 100.00
Group Counseling - 60 Min		NC	\$ 6.00	\$ 12.00	\$ 18.00	\$ 24.00	\$ 30.00
Peer Support - 15 Min		NC	\$ 2.50	\$ 5.00	\$ 7.50	\$ 10.00	\$ 12.50
Peer Support - 30 Min		NC	\$ 5.00	\$ 10.00	\$ 15.00	\$ 20.00	\$ 25.00
Peer Support - 45 Min		NC	\$ 7.50	\$ 15.00	\$ 22.50	\$ 30.00	\$ 37.50
Peer Support - 60 Min		NC	\$ 10.00	\$ 20.00	\$ 30.00	\$ 40.00	\$ 50.00

Based upon 2023 Federal Poverty Guidelines