One Cross Health Clinic

Sliding Fee Discount Information

It is the policy of One Cross Health Clinic to provide essential services regardless of the patient's ability to pay. One Cross Health Clinic offers discounts based on family size and annual income.

Please complete the following information and return it to the front desk 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 _____

		Name	Date of birth
Self			
Other			
Other			
Other			
Other			

Source	Self	Other	Total
Gross Wages, Salaries, Tips, self-employment			
Unemployment, workers comp, social security, supplemental security income, veterans payments, survivor benefit, pension or retirement			
Interest, dividends, royalties, income from rental properties, alimony, child support, assistance from outside the household, and other sources			
Total income			

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

Name signature Date

Office Use only

Patient name

Approved Discount

Approved By DATE

Verification Checklist	Yes	No
Identification/ Address: Drivers license, utility bill, employment ID, or other		
Income: prior year tax return, three most recent pay stubs, or other		

ONE CROSS
COMMUNITY HEALTH

SLIDING FEE DISCOUNT - 2024

FAMILY SIZE	INCOME MEASURE	CATEGORY 1	CATEGORY 2	CATEGORY 3	CATEGORY 4	CATEGORY 5
1	Annual Monthly	$0 - $15,060 $0 - $1,255	$15,061 - $22,590 $1,256 - $1,882	$22,591 - $26,355 $1,883 - $2,196	$26,356 - $30,120 $2,197 - $2,510	$30,121+ $2,511+
2	Annual Monthly	$0 - $20,440 $0 - $1,703	$20,441 - $30,660 $1,704 - $2,555	$30,661 - $35,770 $2,556 - $2,980	$35,771 - $40,880 $2,980 - $3,406	$40,881+ $3,406+
3	Annual Monthly	$0 - $25,820 $0 - $2,151	$25,821 - $38,730 $2,152 - $3,227	$38,731 - $45,185 $3,228 - $3,765	$45,186 - $51,640 $3,765 - $4,303	$51,641+ $4,304+
4	Annual Monthly	$0 - $31,200 $0 - $2,600	$31,201 - $46,800 $2,601 - $3,900	$46,801 - $54,600 $3,901 - $4,550	$54,601 - $62.400 $4,551 - $5,200	$62,401+ $5,201+
5	Annual Monthly	$0 - $36,580 $0 - $3,048	$36,581 - $54,870 $3,049 - $4,572	$54,871 - $64,015 $4,573 - $5,334	$64,016 - $73,160 $5,335 - $6,096	$73,161+ $6,097+
6	Annual Monthly	$0 - $41,960 $0 - $3,496	$41,961 - $62,940 $3,497 - $5,245	$62,941 - $73,430 $5,246 - $6,119	$73,431 - $83,920 $6,120 - $6,990	$83,921+ $6,991+
7	Annual Monthly	$0 - $47,340 $0 - $3,945	$47,341 - $71,010 $3,945 - $5,917	$71,011 - $82,845 $5,918 - $6,903	$82,846 - $94,680 $6,904 - $7,890	$94,681+ $7,891+
8	Annual Monthly	$0 - $52,720 $0 - $4,393	$52,721 - $79,080 $4,394 - $6,590	$79,081 - $92,260 $6,591 - $7,688	$92,260 - $105,440 $7,689 - $8,786	$105,441+ $8,787+
% of Federal Poverty Income Level		UP TO 100%	101% - 150%	151% - 175%	176% - 200%	ABOVE 200%
Patient Fee		$20.00	$30.00	$40.00	$50.00	100%

For households with 8+ persons, add an additional $5,380 ($448 monthly).

EXCLUSIONS - CATEGORY 0

MEDICAL

The following will be billed at 100% of Health Center's actual costs:

- Injectables

EXCLUSIONS - CATEGORY 1 - 3

MEDICAL

The following will be billed at 100% of the actual charge based on Health Center's fee schedule:

- Some in-office surgeries/procedures
- Certain injectables