

## APPLICATION

To qualify, you MUST provide documentation to support need within 10 days of your appointment. MMHC requires the following documentation:

- Recent Federal Tax Return
- IRS Form W-2 or 1099's
- Pay Stubs for 1 Month
- Social Security Award Letter
- Pension Benefit Confirmation Letter
- Unemployment Insurance Award Letter

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Family Size: \_\_\_\_\_

(Number of family members living in your household)

Names and dates of birth of family members/  
individuals living in your household or  
individuals for whom you are financially  
responsible: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Do you have insurance?  Yes  No

If yes, please provide plan names:

Medical plan: \_\_\_\_\_

Dental plan: \_\_\_\_\_

### DISCLAIMER:

I hereby certify the above information is, to the best of my knowledge, true and correct. I further agree to notify Margaret Mary Health Center of any changes in this information within ten (10) days of such change.

I understand I must re-qualify annually to maintain my eligibility.

I am also aware this information is reviewed and based upon Federal Poverty Guidelines, published annually by the Federal Government. Sliding Fee payment is due and payable at the time of service. To maintain discount, fees must be paid promptly.

## WHAT IS THE SLIDING FEE SCALE PROGRAM?

The Sliding Fee Scale Program is in place to meet the needs of the uninsured or under insured patients, providing reduced costs on most services for those who qualify, based on annual household income. No one will be denied access to services at MMHC, as services are offered regardless of insurance status or ability to pay.

### HOW DO I QUALIFY?

To qualify for the Sliding Fee Scale Program, you MUST show proof of gross annual income for all immediate family members living in your household. Gross income is ALL income from ALL sources before taxes. Applicants should provide a copy of any of the of the accepted income verification materials listed.



[mmhcenter.org](http://mmhcenter.org)

### TO BE COMPLETED BY MMHC STAFF:

Annual Gross Income: \$\_\_\_\_\_

Patient is eligible for the following sliding fee discount:

100%  80%  60%  40%  20%

Proof of income verified

Patient refused to complete

Patient does not qualify for sliding fee

Verified by: \_\_\_\_\_

Date: \_\_\_\_\_

# SLIDING FEE SCALE PROGRAM

Margaret Mary Health Center is committed to providing health services to those who have healthcare needs and are uninsured, underinsured, ineligible for a government program or otherwise unable to pay for medically necessary care based on their individual financial situation.

As a community health center, Margaret Mary Health Center accepts all Medicare and Medicaid insurance plans, as well as most major insurances. We also can offer a wide variety of services through the Sliding Fee Scale Program.



# SLIDING FEE SCALE

The following table is used to determine patient eligibility and calculate payment responsibility based on Federal Poverty Levels for 2021.

<b>100% Discount</b> \$5 nominal fee to be collected at time of service		<b>80% Discount</b> 20% collected at time of service		<b>60% Discount</b> 40% collected at time of service		<b>40% Discount</b> 60% collected at time of service		<b>20% Discount</b> 80% collected at time of service	
<i>If your income falls between:</i>		<i>If your income falls between:</i>		<i>If your income falls between:</i>		<i>If your income falls between:</i>		<i>If your income falls between:</i>	
<b>Family Size</b>	<b>Federal Poverty Level</b>	<b>Family Size</b>	<b>Federal Poverty Level</b>	<b>Family Size</b>	<b>Federal Poverty Level</b>	<b>Family Size</b>	<b>Federal Poverty Level</b>	<b>Family Size</b>	<b>Federal Poverty Level</b>
<b>1</b>	\$0-\$12,880	<b>1</b>	\$12,881-\$16,100	<b>1</b>	\$16,101-\$19,320	<b>1</b>	\$19,321-\$22,540	<b>1</b>	\$22,541-\$25,760
<b>2</b>	\$0-\$17,420	<b>2</b>	\$17,421-\$21,775	<b>2</b>	\$21,776-\$26,130	<b>2</b>	\$26,131-\$30,485	<b>2</b>	\$30,486-\$34,840
<b>3</b>	\$0-\$21,960	<b>3</b>	\$21,961-\$27,450	<b>3</b>	\$27,451-\$32,940	<b>3</b>	\$32,941-\$38,430	<b>3</b>	\$38,431-\$43,920
<b>4</b>	\$0-\$26,500	<b>4</b>	\$26,501-\$33,125	<b>4</b>	\$33,126-\$39,750	<b>4</b>	\$39,751-\$46,375	<b>4</b>	\$46,376-\$53,000
<b>5</b>	\$0-\$31,040	<b>5</b>	\$31,041-\$38,800	<b>5</b>	\$38,801-\$46,560	<b>5</b>	\$46,561-\$54,320	<b>5</b>	\$54,321-\$62,080
<b>6</b>	\$0-\$35,580	<b>6</b>	\$35,581-\$44,475	<b>6</b>	\$44,476-\$53,370	<b>6</b>	\$53,371-\$62,265	<b>6</b>	\$62,265-\$71,160
<b>7</b>	\$0-\$40,120	<b>7</b>	\$40,121-\$50,150	<b>7</b>	\$50,151-\$60,180	<b>7</b>	\$60,181-\$70,210	<b>7</b>	\$70,211-\$80,240
<b>8</b>	\$0-\$44,660	<b>8</b>	\$44,661-\$55,825	<b>8</b>	\$55,826-\$66,990	<b>8</b>	\$66,991-\$78,155	<b>8</b>	\$78,156-\$89,320
<b>9</b>	\$0-\$49,200	<b>9</b>	\$49,201-\$61,500	<b>9</b>	\$61,501-\$73,800	<b>9</b>	\$73,801-\$86,100	<b>9</b>	\$86,101-\$98,400
<b>10</b>	\$0-\$53,740	<b>10</b>	\$53,741-\$67,175	<b>10</b>	\$67,176-\$80,610	<b>10</b>	\$80,611-\$94,045	<b>10</b>	\$94,046-\$107,480

For each additional person, add \$4,540.

Income includes: Earnings, Unemployment compensation, worker's compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources.

**Services not included in the Sliding Scale Fee Program: Lab costs, radiology costs, offsite services, such as hospital services or services performed at Margaret Mary Health.**