

JERICHO ROAD COMMUNITY HEALTH CENTER
Fiscal Policies and Procedures



Sliding Fee Discount Program
Policy Number: 5.2

Original Effective Date: April 11, 2012
Reviewed & approved: March 23, 2023

Appendix A: Definitions

1. Definition of “Household”

Tax filer + spouse + tax dependents = household

Follow these basic rules when including members of your household:

- Include your spouse if you're legally married.
- If you plan to claim someone as a tax dependent for the year you want coverage, **do** include them on your application.
- If you won't claim them as a tax dependent, **don't** include them.
- Include your spouse and tax dependents **even if they don't need health coverage.**

See the limited exceptions to these basic rules in the chart below.

Who to include in your household		
Relationship	Include in household?	Notes
Dependent children, including adopted and foster children	Yes	Include any child you'll claim as a tax dependent, regardless of age.
Children, shared custody	Sometimes	Include children whose custody you share only if you claim them as tax dependents.
Non-dependent child	No	Don't include children if they are not dependents.
Children under 21 you take care of	Yes	Include any child under 21 you take care of and who lives with you, even if not your tax dependent.
Unborn children	No	Don't include a baby until it's born. You have up to 60 days after the birth to enroll your baby.
Dependent parents	Yes	Include parents only if you'll claim them as tax dependents.
Dependent siblings and other relatives	Yes	Include them only if you'll claim them as tax dependents.
Spouse	Yes	Include your legally married spouse, whether opposite sex or same sex.
Legally separated spouse	No	Don't include a legally separated spouse, even if you live together.
Divorced spouse	No	Don't include a former spouse, even if you live together.
Spouse, living apart	Yes	Include your spouse unless you're legally separated or divorced. (See next row for an important exception.)
Spouse, if you're a victim of domestic abuse, domestic violence, or spousal abandonment	Not required	In these cases, you don't have to include your spouse.
Unmarried domestic partner	Sometimes	Include an unmarried domestic partner only if you have a child together or you'll claim your partner as a tax dependent.
Roommate	No	Don't include people you just live with — unless they're a spouse, tax dependent, or covered by another exception in this chart.

JERICO ROAD COMMUNITY HEALTH CENTER
Fiscal Policies and Procedures



Sliding Fee Discount Program
Policy Number: 5.2

Original Effective Date: April 11, 2012
Reviewed & approved: March 23, 2023

Household and Income Worksheet

Determine the Number of People in Your Household

Relationship	Include	Do Not Include	Number
Yourself			1
Your spouse	Include if you are legally married, regardless of sex. Include if you are legally married but living apart (for example, spouse is away on military duty, away on work, or away for some reason other than legally separated or divorced).	Do not include if you are legally separated or divorced. You do not need to claim your spouse if you are a victim of domestic abuse, domestic violence, or spousal abandonment.	
Child(ren)	Include number of dependent children. Include adopted and foster children, living with you that you can claim as a dependent. Include the number of children you with whom you share custody if you can claim them as a dependent. Include number of children under 21 that you take care of.	Do not include if a child is a non-dependent. Do not include if a child is unborn.	
Other dependents:	Include the number of parents you claim as dependents. Include the number of siblings and other relatives who you claim as dependents.	Do not include unmarried domestic partner. Do not include roommates.	
Total Household Members (add right column)			

Determine Your Household Income

Income	Verification	Do Not Include	Amount										
Wages, salaries, tips, etc.	Prior 4 weeks' pay stubs from all jobs x 12	Any information more than 2 months old											
	<table border="1" style="width: 100%;"> <thead> <tr> <th>Pay Frequency</th> <th># of Stubs</th> </tr> </thead> <tbody> <tr> <td>Weekly</td> <td style="text-align: center;">4</td> </tr> <tr> <td>Bi-Weekly (every 2 weeks)</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Semi-Monthly (1st and 15th)</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Monthly</td> <td style="text-align: center;">1</td> </tr> </tbody> </table>			Pay Frequency	# of Stubs	Weekly	4	Bi-Weekly (every 2 weeks)	2	Semi-Monthly (1 st and 15 th)	2	Monthly	1
	Pay Frequency			# of Stubs									
	Weekly			4									
	Bi-Weekly (every 2 weeks)			2									
Semi-Monthly (1 st and 15 th)	2												
Monthly	1												
Most recent Form 1040 Line 22, most recent W2s box 1, most recent 1099s (for self-employed)													
Alimony	Most recent month's check stubs x 12	Any information more than 2 months old											
Unemployment compensation	Most recent month's check stubs x 12	Any information more than 2 months old											
Social Security benefits	Most recent month's check stubs x 12	Any information more than 2 months old											
IRA or retirement plan distributions	Most recent month's check stubs x 12	Any information more than 2 months old											
Interest, dividends, rental income	From most recent Form 1040												
Business Income	Most recent Form 1040												
Capital gains	Most recent Form 1040												
Other													
Total Income (add right column)													

JERICHO ROAD COMMUNITY HEALTH CENTER
Fiscal Policies and Procedures



Sliding Fee Discount Program
Policy Number: 5.2

Original Effective Date: April 11, 2012
Reviewed & approved: March 23, 2023

Sliding Fee Application

Page 2

Annual Household Income:

Source	Self	Spouse	Other	Total
Gross wages, salaries, tips, etc.				
Social Security, pension, annuity, or veterans benefits				
Alimony, child support, military family allotments				
Income from self-employment, and dependents				
Rent, interest, dividends and other income				
Income from Disability and/or unemployment Insurance				
Totals				

Please provide proof of income for all household members. Below are acceptable forms of proof:

- Paystubs for Most Recent Full Month
- Income Tax Return
- Pension Statement
- Social Services Letter
- Employer Statement

I give permission to Jericho Road Community Health Center (JRCHC) to see if I and/or my family qualify for the sliding fee discount program. I understand that the information about my family income and size will be required. I also understand that if information which I give is false, I will be expected to pay for all services at full charge. By signing this application I agree that the information given is true and correct to the best of my knowledge. I understand that it is my responsibility to tell JRCHC of any and all changes in my financial and insurance information.

Print Name _____ Signature _____ Date _____

For Office Use Only:

Patient Eligible for: Medicaid
 ACA Plan
 Sliding Fee Scale Discount
 Full Pay

Qualifies for Category _____ discount

Further action required _____

Application Reviewed by: _____ Approved/Disapproved By _____

Employee Signature _____ Date _____



Jericho Road Community Health Center

Sliding Fee Schedule - Effective 4/1/2023

(for Medical, Behavioral Health, and Physical Therapy Services)

Approved by the Board of Directors: 3/23/2023

Sliding Fee Categories

	Category A	Category B	Category C	Category D	Category E
Fee:	\$20.00	\$30.00	\$35.00	\$45.00	100% of Charges
% of Poverty Level (FPL)	FPL 0 - 100%	FPL 101% - 138%	FPL 139% - 150%	FPL 151% - 200%	FPL Over 200%

Monthly Income

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
1	\$0 - \$1,215	\$1,227 - \$1,677	\$1,689 - \$1,823	\$1,835 - \$2,430	Over \$2,430
2	\$0 - \$1,643	\$1,660 - \$2,268	\$2,284 - \$2,465	\$2,481 - \$3,287	Over \$3,287
3	\$0 - \$2,072	\$2,092 - \$2,859	\$2,880 - \$3,108	\$3,128 - \$4,143	Over \$4,143
4	\$0 - \$2,500	\$2,525 - \$3,450	\$3,475 - \$3,750	\$3,775 - \$5,000	Over \$5,000
5	\$0 - \$2,928	\$2,958 - \$4,041	\$4,070 - \$4,393	\$4,422 - \$5,857	Over \$5,857
6	\$0 - \$3,357	\$3,390 - \$4,632	\$4,666 - \$5,035	\$5,069 - \$6,713	Over \$6,713
7	\$0 - \$3,785	\$3,823 - \$5,223	\$5,261 - \$5,678	\$5,715 - \$7,570	Over \$7,570
8	\$0 - \$4,213	\$4,255 - \$5,814	\$5,857 - \$6,320	\$6,362 - \$8,427	Over \$8,427
Each >8 Add:	\$428	\$591	\$643	\$857	\$857

Annual Income

Family Size	Annual Income	Annual Income	Annual Income	Annual Income	Annual Income
1	\$0 - \$14,580	\$14,726 - \$20,120	\$20,266 - \$21,870	\$22,016 - \$29,160	Over \$29,160
2	\$0 - \$19,720	\$19,917 - \$27,214	\$27,411 - \$29,580	\$29,777 - \$39,440	Over \$39,440
3	\$0 - \$24,860	\$25,109 - \$34,307	\$34,555 - \$37,290	\$37,539 - \$49,720	Over \$49,720
4	\$0 - \$30,000	\$30,300 - \$41,400	\$41,700 - \$45,000	\$45,300 - \$60,000	Over \$60,000
5	\$0 - \$35,140	\$35,491 - \$48,493	\$48,845 - \$52,710	\$53,061 - \$70,280	Over \$70,280
6	\$0 - \$40,280	\$40,683 - \$55,586	\$55,989 - \$60,420	\$60,823 - \$80,560	Over \$80,560
7	\$0 - \$45,420	\$45,874 - \$62,680	\$63,134 - \$68,130	\$68,584 - \$90,840	Over \$90,840
8	\$0 - \$50,560	\$51,066 - \$69,773	\$70,278 - \$75,840	\$76,346 - \$101,120	Over \$101,120
Each >8 Add:	\$5,140	\$7,093	\$7,710	\$10,280	\$10,280



Jericho Road Community Health Center

Sliding Fee Schedule - Effective 4/1/2023

(for Pharmacy Services)

Approved by the Board of Directors: 3/23/2023

Sliding Fee Categories

	Category A	Category B	Category C	Category D	Category E
Generic:	\$3.00	\$4.00	\$5.00	\$6.00	Usual and Customary
Brand Name:	\$5.00	\$6.00	\$7.00	\$8.00	Usual and Customary
% of Poverty Level (FPL)	FPL 0 - 100%	FPL 101% - 138%	FPL 139% - 150%	FPL 151% - 200%	FPL Over 200%

Monthly Income

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
1	\$0 - \$1,215	\$1,227 - \$1,677	\$1,689 - \$1,823	\$1,835 - \$2,430	Over \$2,430
2	\$0 - \$1,643	\$1,660 - \$2,268	\$2,284 - \$2,465	\$2,481 - \$3,287	Over \$3,287
3	\$0 - \$2,072	\$2,092 - \$2,859	\$2,880 - \$3,108	\$3,128 - \$4,143	Over \$4,143
4	\$0 - \$2,500	\$2,525 - \$3,450	\$3,475 - \$3,750	\$3,775 - \$5,000	Over \$5,000
5	\$0 - \$2,928	\$2,958 - \$4,041	\$4,070 - \$4,393	\$4,422 - \$5,857	Over \$5,857
6	\$0 - \$3,357	\$3,390 - \$4,632	\$4,666 - \$5,035	\$5,069 - \$6,713	Over \$6,713
7	\$0 - \$3,785	\$3,823 - \$5,223	\$5,261 - \$5,678	\$5,715 - \$7,570	Over \$7,570
8	\$0 - \$4,213	\$4,255 - \$5,814	\$5,857 - \$6,320	\$6,362 - \$8,427	Over \$8,427
Each >8 Add:	\$428	\$591	\$643	\$857	\$857

Annual Income

Family Size	Annual Income	Annual Income	Annual Income	Annual Income	Annual Income
1	\$0 - \$14,580	\$14,726 - \$20,120	\$20,266 - \$21,870	\$22,016 - \$29,160	Over \$29,160
2	\$0 - \$19,720	\$19,917 - \$27,214	\$27,411 - \$29,580	\$29,777 - \$39,440	Over \$39,440
3	\$0 - \$24,860	\$25,109 - \$34,307	\$34,555 - \$37,290	\$37,539 - \$49,720	Over \$49,720
4	\$0 - \$30,000	\$30,300 - \$41,400	\$41,700 - \$45,000	\$45,300 - \$60,000	Over \$60,000
5	\$0 - \$35,140	\$35,491 - \$48,493	\$48,845 - \$52,710	\$53,061 - \$70,280	Over \$70,280
6	\$0 - \$40,280	\$40,683 - \$55,586	\$55,989 - \$60,420	\$60,823 - \$80,560	Over \$80,560
7	\$0 - \$45,420	\$45,874 - \$62,680	\$63,134 - \$68,130	\$68,584 - \$90,840	Over \$90,840
8	\$0 - \$50,560	\$51,066 - \$69,773	\$70,278 - \$75,840	\$76,346 - \$101,120	Over \$101,120
Each >8 Add:	\$5,140	\$7,093	\$7,710	\$10,280	\$10,280



Jericho Road Community Health Center

Sliding Fee Schedule - Effective 4/1/2023
(for Family Dental Services)

Approved by the Board of Directors: 3/23/2023

Sliding Fee Categories					
Dental Services	Category A	Category B	Category C	Category D	Category E
% of Poverty Level (FPL)	FPL 0 - 100%	FPL 101% - 138%	FPL 139% - 150%	FPL 151% - 200%	FPL Over 200%
Exams (Recall & Limited including X-rays) & Preventative (Prophy, Fluoride, and Sealants)	\$30.00	\$35.00	\$45.00	\$55.00	100% Charges
Comprehensive Exam (Including X-rays & Preventative)	\$45.00	\$50.00	\$55.00	\$60.00	100% Charges
Services Below By Tooth, Quad, or Arch					
Extraction	\$40.00	\$45.00	\$50.00	\$55.00	100% Charges
Restoration	\$45.00	\$55.00	\$65.00	\$75.00	100% Charges
Periodontal Treatment (Per Side)	\$70.00	\$75.00	\$80.00	\$85.00	100% Charges
Endodontics	\$200.00	\$250.00	\$300.00	\$350.00	100% Charges
Crowns & Bridges (Including Labs)	\$300.00	\$350.00	\$400.00	\$450.00	100% Charges
Removable Prosthetics (Including Labs)	\$400.00	\$450.00	\$500.00	\$550.00	100% Charges
Other Visits by Description (Labs are additional charge)	\$40.00	\$45.00	\$50.00	\$55.00	100% Charges

Monthly Income						
Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
1	\$0 - \$1,215	\$1,227 - \$1,677	\$1,689 - \$1,823	\$1,835 - \$2,430	Over \$2,430	
2	\$0 - \$1,643	\$1,660 - \$2,268	\$2,284 - \$2,465	\$2,481 - \$3,287	Over \$3,287	
3	\$0 - \$2,072	\$2,092 - \$2,859	\$2,880 - \$3,108	\$3,128 - \$4,143	Over \$4,143	
4	\$0 - \$2,500	\$2,525 - \$3,450	\$3,475 - \$3,750	\$3,775 - \$5,000	Over \$5,000	
5	\$0 - \$2,928	\$2,958 - \$4,041	\$4,070 - \$4,393	\$4,422 - \$5,857	Over \$5,857	
6	\$0 - \$3,357	\$3,390 - \$4,632	\$4,666 - \$5,035	\$5,069 - \$6,713	Over \$6,713	
7	\$0 - \$3,785	\$3,823 - \$5,223	\$5,261 - \$5,678	\$5,715 - \$7,570	Over \$7,570	
8	\$0 - \$4,213	\$4,255 - \$5,814	\$5,857 - \$6,320	\$6,362 - \$8,427	Over \$8,427	
Each >8 Add:	\$428	\$591	\$643	\$857	\$857	

Annual Income						
Family Size	Annual Income	Annual Income	Annual Income	Annual Income	Annual Income	Annual Income
1	\$0 - \$14,580	\$14,726 - \$20,120	\$20,266 - \$21,870	\$22,016 - \$29,160	Over \$29,160	
2	\$0 - \$19,720	\$19,917 - \$27,214	\$27,411 - \$29,580	\$29,777 - \$39,440	Over \$39,440	
3	\$0 - \$24,860	\$25,109 - \$34,307	\$34,555 - \$37,290	\$37,539 - \$49,720	Over \$49,720	
4	\$0 - \$30,000	\$30,300 - \$41,400	\$41,700 - \$45,000	\$45,300 - \$60,000	Over \$60,000	
5	\$0 - \$35,140	\$35,491 - \$48,493	\$48,845 - \$52,710	\$53,061 - \$70,280	Over \$70,280	
6	\$0 - \$40,280	\$40,683 - \$55,586	\$55,989 - \$60,420	\$60,823 - \$80,560	Over \$80,560	
7	\$0 - \$45,420	\$45,874 - \$62,680	\$63,134 - \$68,130	\$68,584 - \$90,840	Over \$90,840	
8	\$0 - \$50,560	\$51,066 - \$69,773	\$70,278 - \$75,840	\$76,346 - \$101,120	Over \$101,120	
Each >8 Add:	\$5,140	\$7,093	\$7,710	\$10,280	\$10,280	