

# Jericho Road Community Health Center

## Fiscal Policies and Procedures



### Policy 5.2 Sliding Fee Discount Program

Original Effective Date: April 2012  
Reviewed and Approved: February, 2025

#### **Purpose:**

Jericho Road Community Health Center (“JRCHC”) maintains a Sliding Fee Discount Program (“SFDP”) for those who receive care at JRCHC but have no or limited means to pay for the services. Regardless of ability to pay, all patients who come to JRCHC are entitled to quality healthcare and financial counseling and assistance. To that end, JRCHC provides billing representatives and Facilitated Enrollment Specialists who will advocate for and work with them to find reasonable payment alternatives.

#### **Policy:**

No patient will be denied service because of an inability to pay. All patients may apply to participate in the SFDP, and JRCHC will waive or reduce its fees for those who meet the eligibility requirements set forth in this policy and its accompanying appendices. JRCHC will base program eligibility on income and family household size only and will not discriminate on the basis of age, gender, race, sexual orientation, creed, religion, disability, national origin or ethnic origin, veteran status, or any other legally protected basis. The Federal Poverty Guidelines (“FPG’s”) will be used to create and annually update the sliding fee schedule to determine eligibility.

#### **Applicability:**

This policy applies to all patients seeking any service from JRCHC, including, but not limited to medical, behavioral health, dental, pharmacy, and physical therapy services.

#### **Process:**

The following guidelines are to be followed in implementing the SFDP:

- 1) Notification: JRCHC will notify patients of the SFDP as follows:
  - The SFDP will be offered to each patient who demonstrates an inability to pay for services by way of verbal communication; patients seeking to apply for the SFDP will be provided with the SFDP application (Appendix C) at check-in and/or offered a meeting with a billing representative or a Facilitated Enrollment Specialist.
  - The SFDP application will be available in paper form at the Front Desk to complete at home or the health center.
  - The SFDP application with explanations will also be available on JRCHC’s website, [www.jrchc.org](http://www.jrchc.org).
  - JRCHC will place notices of the SFDP in health center waiting areas. Notifications will be effective and appropriate for the language and literacy level of the patient population.
- 2) Request for Discount: Requests for discounted services may be made by the patient, household members, social services staff, or any other person who is aware of a patient’s existing financial hardship. Applications should be returned to the office of the patient’s provider.

- 3) Administration: The SFDP procedure will be administered through the Billing Manager or his/her designee. JRCHC will provide information about the SFDP and will assist in the completion of the application when needed. Dignity and confidentiality will be respected for all who seek and/or are provided with services.
- 4) Alternative Payment Sources: If a patient has alternative payment sources such as third-party payments from insurance(s) and/or federal and state programs, those alternative payment sources must be exhausted prior to receiving a discount. Patients who have alternative payment sources but who are eligible for the SFDP may apply for the patient responsibility (net charge after alternative payment sources payments) portion of their charges after their alternative payment source has been paid. No patient with alternative payment sources will pay more than they would pay under the SFDP.
- 5) Completion of Application: The SFDP application must be completed in its entirety. By signing the SFDP application, the patient is authorizing JRCHC access to confirm income as disclosed on the application form. Providing false information on a SFDP application will result in all SFDP discounts being revoked and the full balance of the account(s) restored and payable immediately.

If an application is unable to be processed due to the need for additional information, the applicant has two weeks from the date of notification to supply the necessary information without having the date on their application adjusted. If a patient does not provide the requested information within the two-week time period, they will need to complete a re-application if they would benefit from the SFDP for future care. Any outstanding account balances due resulting from the patient's delay in providing information will not be considered for the SFDP.

- 6) Expiration and Re-application of Eligibility: Eligibility to participate in the SFDP expires one year after the date of approval. The patient must re-apply to participate in the program using the sliding fee scale in existence at the time of re-application. Approval or denial of the re-application shall be determined in accordance with the terms of this policy and any procedures implemented in furtherance of the policy.
- 7) Eligibility: Discounts will be based on income and household size only.
  - **Income**: Defined as earnings received by anyone living in the household unit to support the household unit, and shall include, but is not limited to, (i) regular pay or wages; (ii) bonuses or other one-time payments from an employer; (iii) wages received for sick, vacation, and personal benefit time; (iv) unemployment compensation; (v) workers' compensation; (vi) social security; (vii) supplemental social security; (viii) public assistance; (ix) veterans' benefits; (x) survivor benefits; (xi) pension and retirement income; (xii) educational assistance; and (xiii) alimony and child support. Income does not include noncash benefits such as food stamps or subsidized housing income. Please see Appendix A for more information.
  - **Family Household Unit**: Defined as all persons related by birth, marriage, or adoption who reside together or are dependent upon the income of the applicant. The following compose the Family Household Unit: (a) the applicant and their spouse; (b) the applicant's unmarried partner if they are the parent of the applicant's child; (c) anyone under 21 years of age who lives with or is taken care of by the applicant; (d) anyone claimed as a dependent on the applicant's federal tax return; (e) anyone who claims the applicant on a federal tax return and their tax dependents. Utilize Appendix B to determine the number of people in your household.
- 8) Income Verification: Patients are expected to provide appropriate information and documentation for the completion of their SFDP application, which includes information to determine sliding fee scale eligibility.

Application will be reviewed six months from the date of application regarding income eligibility. Self-attestation is allowed for the first visit. Patients who self-attest for the first visit will be offered the opportunity to meet with a billing representative and/or a Facilitated Enrollment Specialist and must provide income verification within two weeks of application. At the time of application, patients who refuse or are unable to provide documented income verification are required to sign the Failure to Provide Income Information Attestation, **Appendix D** of this policy, providing a brief explanation of why he/she is unable to provide documented income verification.

- 9) Discounts: Those with incomes at or below 100% of the FPG's will receive a full 100% discount. Those with incomes above 100% of the FPG's but at or below 200% of the FPG's, will be charged according to the attached sliding fee schedule. Those with incomes above 200% of the FPG's are ineligible for the SFDP. The sliding fee schedule will be updated every calendar year with the latest federal poverty guidelines.
- 10) Nominal Fee: Patients receiving a full discount will be requested to pay a flat, nominal charge of \$20.00. However, patients will not be denied services due to an inability to pay. The nominal fee is not a threshold for receiving care and thus, is not a minimum fee or co-payment. The nominal fee will be set at a level that would be nominal from the perspective of the patient, as evidenced by input from patient board members, patient surveys, advisory committees, or a review of copay amounts associated with Medicare and Medicaid for patients with comparable incomes and will not reflect the actual cost of the service being provided.
- 11) Waiving of Nominal Fee: In certain situations, patients may not be able to pay the nominal fee. The Billing Manager or his/her designee will consider the patient's income and any extenuating circumstances and will determine whether to waive the nominal fee. Any waiving of charges should be documented in the patient's file along with an explanation (e.g., to pay, good will, health promotion event).
- 12) Applicant Notification: JRCHC will notify the patient of whether he/she qualifies for a discount and will note the determination in the electronic health record (EHR). If the application is approved for less than a 100% discount, the patient must pay the full amount of the service or make payment arrangements; patients may also schedule an appointment with a billing representative and/or a Facilitated Enrollment Specialist. SFDP applications cover outstanding patient balances for six months prior to the application date and any balances incurred within 12 months after the approved date unless their financial situation changes significantly. The applicant has the option to reapply after the 12 months have expired or anytime there has been a significant change in household income. When the applicant reapplies, the look back period will be the lesser of six months or the expiration of their last SFDP application.
- 13) Payment at Time of Service: JRCHC will attempt to collect the patient's responsibility (e.g., co-pay, deductible) on the day of the visit. Adult patients seeking a physical, immunization, or a non-urgent service who are unable or refuse to pay anything at the time of the visit will **not** have their appointment rescheduled but will be offered the opportunity to meet with a billing representative and/or a Facilitated Enrollment Specialist to discuss the SFDP, set up a payment plan, and/or seek alternative sources of payment. Minor children, women who are pregnant or believe they may be pregnant, and patients seeking a sick visit or urgent care (as determined by the provider and/or nurse) will receive services that day regardless of ability or willingness to pay at the time of visit. On or before the second visit, the patient or patient's representative will be offered the opportunity to meet with a billing representative and/or a Facilitated Enrollment Specialist to discuss the SFDP, set up a payment plan, and/or seek alternative sources of payment.
- 14) Refusal to Pay: JRCHC will not deny or refuse services to a patient due to an unpaid balance, expressed refusal to pay, or any other reason.

- 15) Record Keeping: Information related to SFDP decisions will be maintained and preserved in the EHR. JRCHC will preserve the dignity of those receiving free or discounted care.
- 16) In-Scope Services Provided via Contract: All in-scope services provided by another organization via a contract or other written agreement with JRCHC shall be provided in accordance with this policy, including the applicable sliding fee scale.
- 17) Policy and Procedure Review: Annually, the amount of SFDP provided will be reviewed by the CFO. The sliding fee scale will be updated based on the current FPG's and presented to the Board of Directors for approval.
- 18) Evaluation of the SFDP to reduce financial barrier: At least once every three years, JRCHC will evaluate its SFDP. At a minimum, JRCHC will collect utilization data that allows it to assess the rate at which patients within each of its discount pay classes, as well as those at or below 100% of the FPG, are accessing services. JRCHC will utilize this and, if applicable, other data (such as results of patient satisfaction surveys or focus groups, or surveys of patients at various income levels) to evaluate the effectiveness of the SFDP in reducing financial barriers to care. Based on this evaluation JRCHC will identify and implement changes as needed.
- 19) Budget: During the annual budget process, an estimated amount of SFDP service will be placed into the budget as a deduction from revenue. Board approval for the SFDP will be sought as an integral part of the annual budget.

Appendices to this policy:

- A) Definitions
- B) Household and Income Worksheet
- C) JRCHC Sliding Fee Scale Application
- D) Failure to Provide Income Information Attestation
- E) Sliding Fee Scale (Medical, Behavioral Health, Physical Therapy)
- F) Sliding Fee Scale (Pharmacy)
- G) Sliding Fee Scale (Dental)

**This policy and procedure was reviewed and approved by the JRCHC Board of Directors.**

**Board Chair Signature:**  **Date:** 2/28/2025

## 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, **do not** include them on your application.
- 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 will 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	Do not 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	Do not include a baby until it is born. You have up to 60 days after the birth to enroll your baby.
Dependent parents	Yes	Include parents only if you will claim them as tax dependents.
Dependent siblings and other relatives	Yes	Include them only if you will claim them as tax dependents.
Spouse	Yes	Include your legally married spouse, whether opposite sex or same sex.
Legally separated spouse	No	Do not include a legally separated spouse, even if you live together.
Divorced spouse	No	Do not 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 are a victim of domestic abuse, domestic violence, or spousal abandonment	Not required	In these cases, you do not have to include your spouse.
Unmarried domestic partner	Sometimes	Include an unmarried domestic partner only if you have a child together or you will claim your partner as tax dependent.
Roommate	No	Do not include people you just live with- unless they are a spouse, tax dependent, or covered by another exception in this chart.

## 2) Definition of “Income”

Types of Income to Include												
Income Type	Include as Income?	Verification										
IRS document showing total annual income	Yes	Most recent Form 1040 Line 22; Most recent W2(s) Box 1; Most recent 1099(s) (for self-employed- note: you will be asked to describe the type of work you do.) These forms should be no older than one year.										
Pay stubs from your job showing Federal Taxable Wages	Yes	Your pay stub should say “federal taxable wages,” or “gross income.” Parent must show one month’s worth (see chart below). Pay stubs more than two months old are not accepted.										
		<table border="1"> <thead> <tr> <th>Pay Frequency</th> <th>Number of Stubs</th> </tr> </thead> <tbody> <tr> <td>Weekly</td> <td>4</td> </tr> <tr> <td>Bi-Weekly (every two weeks)</td> <td>2</td> </tr> <tr> <td>Semi-Monthly (1<sup>st</sup> and 15<sup>th</sup>)</td> <td>2</td> </tr> <tr> <td>Monthly</td> <td>1</td> </tr> </tbody> </table>	Pay Frequency	Number of Stubs	Weekly	4	Bi-Weekly (every two weeks)	2	Semi-Monthly (1 <sup>st</sup> and 15 <sup>th</sup> )	2	Monthly	1
		Pay Frequency	Number of Stubs									
		Weekly	4									
		Bi-Weekly (every two weeks)	2									
Semi-Monthly (1 <sup>st</sup> and 15 <sup>th</sup> )	2											
Monthly	1											
Tips	Yes	Self-verification										
Unemployment compensation	Yes	One month’s worth of unemployment check stubs. Checks more than two months old are not accepted.										
Social Security	Yes	Include both taxable and non-taxable Social Security income. Enter the full amount before any deductions. One month’s worth of social security checks or current year annual benefit letter. Checks more than two months old are not accepted.										
Social Security Disability Income (SSDI)	Yes	One month’s worth of checks. But do not include Supplemental Security Income (SSI). Checks more than two months old are not accepted.										
Retirement or pension income	Yes	Include IRA and 401k withdrawals. Note: Don’t include qualified distributions from a designated Roth account as income. One month’s worth of checks. Checks more than two months old are not accepted.										
Alimony	Yes	One month’s worth of checks. Checks more than two months old are not accepted.										
Child Support	No											
Rental or investment income	Yes	Include any rental, interest and dividends earned on investments, including tax exempt interest, earned in the past 12 months.										
Capital gains income	Yes	Include any capital gains income received in the past 12 months.										
Gifts	No											
Supplemental Security Income (SSI)	No	But do include Social Security Disability Income (SSDI).										
Veterans’ disability payments	No											
Worker’s Compensation	No											
Proceeds from loans (like student loans, home equity loans, or bank loans)	No											
Food stamps, WIC payments	No											

## Appendix B: Household and Income Worksheet

Use the chart below to 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 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 dependent(s)	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 roommate(s).	
<b>Total Household Members (Add right column):</b>			

Use the chart below to determine your household income.

Income	Verification	Do Not Include	Amount
Wages, salaries, etc.	Prior four (4) weeks' pay stubs from all jobs x 12		
	<b>Pay Frequency</b>	<b>Stubs</b>	
	Weekly	4	
	Bi-weekly (every 2 weeks)	2	
	Semi-Monthly (1 <sup>st</sup> and 15 <sup>th</sup> )	2	
	Monthly	1	
	Most recent Form 1040 Line 22; Most recent W2(s) Box 1; Most recent 1099(s) (for self-employed)		
Alimony	Most recent month's check stubs x 12	Any information more than two (2) months old.	
Unemployment Compensation	Most recent month's check stubs x 12	Any information more than two (2) months old.	
Social Security benefits	Most recent month's check stubs x 12	Any information more than two (2) months old.	
IRA or retirement plan distributions	Most recent month's check stubs x 12	Any information more than two (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			
<b>Total Income (Add right column):</b>			



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				
<b>Totals</b>				

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 assess if I and/or my family qualify for the sliding fee discount program. I understand that information about my family income and size will be required. I also understand that if the 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 applicant name**Signature of applicant**Date*

**Attestation Statement**

I understand that for Jericho Community Health Center to determine eligibility for myself and/or my family to qualify for the sliding scale discount program, I must provide proof of income for each family/household member.

At the time of this application, I am unable to provide proof of income (income verification) for the following family/household member(s):

Name	Relation	Reason

By signing this attestation statement, I understand that I have *14 days* from the date of this application to provide the required proof of income to JRCHC, and that my failure to do so may affect my eligibility and approval for the SDFS program.

\_\_\_\_\_

*Print applicant name**Signature of applicant**Date*

*For services provided by another organization via a formal contract or other written arrangement, JRCHC will ensure that the service provider offers a sliding fee discount program consistent with this policy (i.e. fees will be discounted for patients with income between 100% and 200% of the FPG, patients with income below 100% FPG will receive a full discount or assessed a nominal charge only, and patients with income above 200% FPG will receive no discount).*

For Office Use Only	
Applicant Eligible For:	<input type="checkbox"/> Medicaid <input type="checkbox"/> ACA <input type="checkbox"/> Sliding Fee Scale Discount – Qualifies for Category _____ discount <input type="checkbox"/> Full Pay
Further Action Required: <input type="checkbox"/> Two week review: collect further documentation <input type="checkbox"/> Other: _____	
Application Reviewed by:	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved by:
Employee Signature:	Date:
<input type="checkbox"/> Six month review: Date: _____ <input type="checkbox"/> Eligibility continued _____	
Employee Signature:	Date: _____

VERIFICATION LIST	YES	NO
Identification/Address: Driver’s license, utility bill, employment ID, or other		
Income: Prior year tax return, three most recent pay stubs, or other		
Insurance: Insurance Cards		

## Appendix D: Failure to Provide Income Information Attestation

Applicant's Name \_\_\_\_\_ Application Date \_\_\_\_\_

I understand that for Jericho Community Health Center to determine eligibility for myself and/or my family to qualify for the sliding fee discount program (SFDP), I must provide proof of income for each family/household member.

I have not been able to provide proof of income required for the determination of eligibility for the SFDP due to [Provide a brief explanation for inability to produce proof of income]:

I am requesting that this requirement be approved based on the following self-reported income. I attest hereto that my household size is \_\_\_\_\_ and my household income is \$\_\_\_\_\_.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

### Appendix E



## Jericho Road Community Health Center

Sliding Fee Schedule - Effective 3/1/2025

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

Approved by the JRCHC Board of Directors: 2/27/2025

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	
1	\$0	- \$1,304	\$1,317	- \$1,800	\$1,813	- \$1,956
2	\$0	- \$1,763	\$1,780	- \$2,432	\$2,450	- \$2,644
3	\$0	- \$2,221	\$2,243	- \$3,065	\$3,087	- \$3,331
4	\$0	- \$2,679	\$2,706	- \$3,697	\$3,724	- \$4,019
5	\$0	- \$3,138	\$3,169	- \$4,330	\$4,361	- \$4,706
6	\$0	- \$3,596	\$3,632	- \$4,962	\$4,998	- \$5,394
7	\$0	- \$4,054	\$4,095	- \$5,595	\$5,635	- \$6,081
8	\$0	- \$4,513	\$4,558	- \$6,227	\$6,272	- \$6,769
Each >8 Add:	\$458		\$633		\$688	
					\$917	
					\$917	

Annual Income						
Family Size	Annual Income		Annual Income		Annual Income	
1	\$0	- \$15,650	\$15,807	- \$21,597	\$21,754	- \$23,475
2	\$0	- \$21,150	\$21,362	- \$29,187	\$29,399	- \$31,725
3	\$0	- \$26,650	\$26,917	- \$36,777	\$37,044	- \$39,975
4	\$0	- \$32,150	\$32,472	- \$44,367	\$44,689	- \$48,225
5	\$0	- \$37,650	\$38,027	- \$51,957	\$52,334	- \$56,475
6	\$0	- \$43,150	\$43,582	- \$59,547	\$59,979	- \$64,725
7	\$0	- \$48,650	\$49,137	- \$67,137	\$67,624	- \$72,975
8	\$0	- \$54,150	\$54,692	- \$74,727	\$75,269	- \$81,225
Each >8 Add:	\$5,500		\$7,590.00		\$8,250	
					\$11,000	
					\$11,000	

### Appendix F

## Jericho Road Community Health Center

Sliding Fee Scale- Effective 3/1/2025

(for Pharmacy Services)



Approved by the JRCHC Board of Directors: 2/27/2025

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	Monthly Income
1	\$0 - \$1,304	\$1,317 - \$1,800	\$1,813 - \$1,956	\$1,969 - \$2,608	Over \$2,608	
2	\$0 - \$1,763	\$1,780 - \$2,432	\$2,450 - \$2,644	\$2,661 - \$3,525	Over \$3,525	
3	\$0 - \$2,221	\$2,243 - \$3,065	\$3,087 - \$3,331	\$3,353 - \$4,442	Over \$4,442	
4	\$0 - \$2,679	\$2,706 - \$3,697	\$3,724 - \$4,019	\$4,046 - \$5,358	Over \$5,358	
5	\$0 - \$3,138	\$3,169 - \$4,330	\$4,361 - \$4,706	\$4,738 - \$6,275	Over \$6,275	
6	\$0 - \$3,596	\$3,632 - \$4,962	\$4,998 - \$5,394	\$5,430 - \$7,192	Over \$7,192	
7	\$0 - \$4,054	\$4,095 - \$5,595	\$5,635 - \$6,081	\$6,122 - \$8,108	Over \$8,108	
8	\$0 - \$4,513	\$4,558 - \$6,227	\$6,272 - \$6,769	\$6,814 - \$9,025	Over \$9,025	
Each >8 Add:	\$458	\$633	\$688	\$917	\$917	

Annual Income						
Family Size	Annual Income	Annual Income	Annual Income	Annual Income	Annual Income	Annual Income
1	\$0 - \$15,650	\$15,807 - \$21,597	\$21,754 - \$23,475	\$23,632 - \$31,300	Over \$31,300	
2	\$0 - \$21,150	\$21,362 - \$29,187	\$29,399 - \$31,725	\$31,937 - \$42,300	Over \$42,300	
3	\$0 - \$26,650	\$26,917 - \$36,777	\$37,044 - \$39,975	\$40,242 - \$53,300	Over \$53,300	
4	\$0 - \$32,150	\$32,472 - \$44,367	\$44,689 - \$48,225	\$48,547 - \$64,300	Over \$64,300	
5	\$0 - \$37,650	\$38,027 - \$51,957	\$52,334 - \$56,475	\$56,852 - \$75,300	Over \$75,300	
6	\$0 - \$43,150	\$43,582 - \$59,547	\$59,979 - \$64,725	\$65,157 - \$86,300	Over \$86,300	
7	\$0 - \$48,650	\$49,137 - \$67,137	\$67,624 - \$72,975	\$73,462 - \$97,300	Over \$97,300	
8	\$0 - \$54,150	\$54,692 - \$74,727	\$75,269 - \$81,225	\$81,767 - \$108,300	Over \$108,300	
Each >8 Add:	\$5,500	\$7,590	\$8,250	\$11,000	\$11,000	



## Appendix G Jericho Road Community Health Center

Sliding Fee Scale- Effective 3/1/2025  
(for Family Dental Services)

Approved by the JRCHC Board of Directors: 2/27/2025

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 & Preventative (Prophy, Fluoride, and Sealants)	\$40.00	\$50.00	\$60.00	\$70.00	100% Charges
Comprehensive Exam Including X-rays (Excluding X-rays)	\$60.00 (\$35.00)	\$65.00 (\$40.00)	\$70.00 (\$45.00)	\$75.00 (\$50.00)	100% Charges
<i>Services Below By Tooth, Quad, or Arch</i>					
Extraction (per tooth)	\$50.00	\$60.00	\$70.00	\$80.00	100% Charges
Restoration (Surface 1/2/3/4)	\$45/\$50/\$60/\$80	\$55/\$60/\$70/\$100	\$65/\$75/\$90/\$110	\$75/\$90/\$110/\$130	100% Charges
Periodontal Treatment (Per Side)	\$100.00	\$125.00	\$175.00	\$225.00	100% Charges
Endodontics (Anterior/Bicuspid/Molar)	\$250/\$350/\$450	\$350/\$450/\$550	\$450/\$550/\$650	\$550/\$650/\$750	100% Charges
Crowns & Bridges (per tooth)	\$375.00	\$450.00	\$500.00	\$600.00	100% Charges
Removable Prosthetics (per arch)	\$500.00	\$550.00	\$600.00	\$650.00	100% Charges
Other Visits by Description (Labs are additional charge)	\$50.00	\$55.00	\$60.00	\$65.00	100% Charges

Monthly Income						
Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
1	\$0 - \$1,304	\$1,317 - \$1,800	\$1,813 - \$1,956	\$1,969 - \$2,608	Over \$2,608	
2	\$0 - \$1,763	\$1,780 - \$2,432	\$2,450 - \$2,644	\$2,661 - \$3,525	Over \$3,525	
3	\$0 - \$2,221	\$2,243 - \$3,065	\$3,087 - \$3,331	\$3,353 - \$4,442	Over \$4,442	
4	\$0 - \$2,679	\$2,706 - \$3,697	\$3,724 - \$4,019	\$4,046 - \$5,358	Over \$5,358	
5	\$0 - \$3,138	\$3,169 - \$4,330	\$4,361 - \$4,706	\$4,738 - \$6,275	Over \$6,275	
6	\$0 - \$3,596	\$3,632 - \$4,962	\$4,998 - \$5,394	\$5,430 - \$7,192	Over \$7,192	
7	\$0 - \$4,054	\$4,095 - \$5,595	\$5,635 - \$6,081	\$6,122 - \$8,108	Over \$8,108	
8	\$0 - \$4,513	\$4,558 - \$6,227	\$6,272 - \$6,769	\$6,814 - \$9,025	Over \$9,025	
Each >8 Add:	\$458	\$633	\$688	\$917	\$917	

Annual Income						
Family Size	Annual Income	Annual Income	Annual Income	Annual Income	Annual Income	Annual Income
1	\$0 - \$15,650	\$15,807 - \$21,597	\$21,754 - \$23,475	\$23,632 - \$31,300	Over \$31,300	
2	\$0 - \$21,150	\$21,362 - \$29,187	\$29,399 - \$31,725	\$31,937 - \$42,300	Over \$42,300	
3	\$0 - \$26,650	\$26,917 - \$36,777	\$37,044 - \$39,975	\$40,242 - \$53,300	Over \$53,300	
4	\$0 - \$32,150	\$32,472 - \$44,367	\$44,689 - \$48,225	\$48,547 - \$64,300	Over \$64,300	
5	\$0 - \$37,650	\$38,027 - \$51,957	\$52,334 - \$56,475	\$56,852 - \$75,300	Over \$75,300	
6	\$0 - \$43,150	\$43,582 - \$59,547	\$59,979 - \$64,725	\$65,157 - \$86,300	Over \$86,300	
7	\$0 - \$48,650	\$49,137 - \$67,137	\$67,624 - \$72,975	\$73,462 - \$97,300	Over \$97,300	
8	\$0 - \$54,150	\$54,692 - \$74,727	\$75,269 - \$81,225	\$81,767 - \$108,300	Over \$108,300	
Each >8 Add:	\$5,500	\$7,590	\$8,250	\$11,000	\$11,000	