

## Sacramento County Health Center Sliding Fee Information Sheet

The health center wants to ensure that all patients get the care they need as quickly as possible. To assist patients who cannot get insurance or other coverage, there is a sliding fee schedule that you may qualify for to reduce the cost of the care you receive here. The following guidelines apply:

- The sliding fee program is based on income and family size.
- Complete the application and re-apply every six months, or earlier if your income changes.
- You are required to provide documents in order to assess your discount. *See below and application for more information.*

The sliding fee discount covers primary care office visits with the County Health Center providers. Prescriptions are not covered and can be filled at local retail pharmacies where discount programs are available. Many have \$10 (one month)/\$30 (three month) prescriptions.

Begin the process by applying for Medi-Cal and other available health coverage programs. If you have already done this, please include a copy of your card with other required materials. If you are told you do not qualify, or only qualify for partial services, bring your letter to us with other required materials.

### Materials to Bring

1. Sliding Fee Application: completed
2. Identification: California Driver License, State of California Identification Card, or Passport
3. Letter from Medi-Cal or Medi-Care: indicating eligibility for public benefits.
4. Proof of Income: two pay check stubs (consecutive pay periods) dated within 60 days of application OR most recent income tax return. Include documentation of any other income such as pension, retirement, social security, public assistance, workers compensation, unemployment, alimony, etc.
5. Proof of Family Size: means a statement of the household living under one roof including spouse, children, and dependent adults. (Birth or Marriage certificates may be requested)
6. Proof of Residence: a utility bill or rental agreement with your name and a local county address.

### Application Process

- Bring documents to Suite 2200 at the County Health Center. Staff will review your materials and let you know about your eligibility and fees for services.
- If eligible, your coverage is for a six-month period. You must re-apply immediately if you have a change in income, family size, or residency.

### Frequently Asked Questions

Q: Can I obtain the sliding discount if I do not provide the information requested?

A: *No. This is a voluntary program. You will be responsible for full charges.*

Q: How often do I need to apply?

A: *Every six months, OR you must reapply immediately if you have a change in income, residency, or family size.*

Q: Who is considered a member of the household residence?

A: *A person who you claim as a taxable dependent or can claim you as a taxable dependent.*

Sacramento County Department of Health Services

**Sliding Fee Scale**

Federal Poverty Level (FPL)	Services	Sliding Fee Discount
Less than 100%	Primary care office visits for preventive care or disease management. Includes labs and County radiology services (simple films).	\$15*
101%-125%		\$20
126%-150%		\$30
151%-175%		\$40
176%-200%		\$50
Over 200%		No Discount**

Sacramento County Health Center  
Annual Income Levels 2019 – 2020

**Sliding Fee Discount Table**

	<b>Nominal Fee</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>Full Price</b>
Persons in Family	Equal to or Less than 100%	101% – 125%	126% – 150%	151% – 175%	176% – 200%	Over 200%
1	≤ \$12,490	\$12,491 – \$15,612	\$15,613 – \$18,735	\$18,736 – \$21,857	\$21,858 – \$24,980	\$24,981
2	≤ \$16,910	\$16,911 – \$21,137	\$21,138 – \$25,365	\$25,366 – \$29,592	\$29,592 – \$33,820	\$33,821
3	≤ \$21,330	\$21,331 – \$26,662	\$26,663 – \$31,995	\$31,996 – \$37,327	\$37,328 – \$42,660	\$42,661
4	≤ \$25,750	\$25,751 – \$32,187	\$32,188 – \$38,625	\$38,625 – \$45,062	\$45,063 – \$51,500	\$51,501
5	≤ \$30,170	\$30,170 – \$37,712	\$37,713 – \$45,255	\$45,256 – \$52,797	\$52,798 – \$60,340	\$60,341
6	≤ \$34,590	\$34,591 – \$43,237	\$43,238 – \$51,885	\$51,886 – \$60,532	\$60,533 – \$69,180	\$69,181
7	≤ \$39,010	\$39,011 – \$48,762	\$48,763 – \$58,515	\$58,516 – \$68,267	\$68,268 – \$78,020	\$78,021
8	≤ \$43,430	\$43,431 – \$54,287	\$54,288 – \$65,145	\$65,146 – \$76,002	\$76,003 – \$86,860	\$86,861
Fee	\$15	\$20	\$30	\$40	\$50	NO DISCOUNT

Table is based on the 2019 Federal Poverty Guidelines (<http://aspe.hhs.gov/poverty>) for annual income.