



**Elica Health Centers Sliding Fee Scale Program**

At Elica Health Centers, we offer a sliding-fee scale to make our services more affordable to patients who are income eligible. In addition to individuals without health insurance, the sliding fee scale can apply to those who have insurance with high deductibles, or to Medicare patients without companion plans.

If you already participate in Social Security Disability income (SSDI), Temporary Assistance for Needy Families (TANF), free and reduced school lunches, or any other public assistance programs, you are most likely eligible for the Sliding Fee Scale Program.

The following criteria apply to the sliding fee scale, which is based on the current Federal Poverty Level (FPL):

- You must complete the application on the reverse and re-apply in one year.
- You are required to provide proof of income as instructed on the application. Self-declaration of income will qualify the patient for one visit only, but can be changed within ten days of visit.
- If eligible to enroll in Medi-Cal, please ask us for more information. We would be happy to help you fill out an application.
- Approval is based on household size and gross income.
- Participants are expected to pay their share of the discounted fee at the time of service.
- Patients can also arrange to make regular payments until the balance is paid.
- A charge for today's services will reflect the sliding fee scale below. If you qualify on the sliding fee scale, this will be your nominal fee and no other charges will be billed.
- Sources of acceptable payments are:
  1. Cash
  2. All Major Credit Cards (VISA, American Express, MasterCard, etc.) Checks are not acceptable.

If you have questions, please contact a staff member from one of EHC locations: at (916) 454-2345

**SLIDING FEE SCALE CHART**

| % of FPL                               | ≤100%        | 101 - 125%        | 126 - 150%        | 151 - 175%        | 176 - 200%        | >200%      |
|--|--------------|-------------------|-------------------|-------------------|-------------------|------------|
| Medical / MH*/BH* (Visit only)         | \$20.00      | \$30.00           | \$40.00           | \$50.00           | \$60.00           | Full Price |
| Medical services w/lab &/or Procedure  | \$30.00      | \$40.00           | \$50.00           | \$60.00           | \$70.00           | Full Price |
| Lab/Procedure only                     | \$10.00      | \$15.00           | \$20.00           | \$25.00           | \$30.00           | Full Price |
| # in Household                         |              |                   |                   |                   |                   |            |
| 1                                      | \$0-\$11,880 | \$11,881-\$14,850 | \$14,851-\$17,820 | \$17,821-\$20,790 | \$20,791-\$23,760 | \$23,761+  |
| 2                                      | \$0-\$16,020 | \$16,021-\$20,025 | \$20,026-\$24,030 | \$24,031-\$28,035 | \$28,036-\$32,040 | \$32,041+  |
| 3                                      | \$0-\$20,160 | \$20,161-\$25,200 | \$25,201-\$30,240 | \$30,241-\$35,280 | \$35,281-\$40,320 | \$40,321+  |
| 4                                      | \$0-\$24,300 | \$24,301-\$30,375 | \$30,376-\$36,450 | \$36,451-\$42,525 | \$42,526-\$48,600 | \$48,601+  |
| 5                                      | \$0-\$28,440 | \$28,441-\$35,550 | \$35,551-\$42,660 | \$42,661-\$49,770 | \$49,771-\$56,880 | \$56,881+  |
| 6                                      | \$0-\$32,580 | \$32,581-\$40,725 | \$40,726-\$48,870 | \$48,871-\$57,015 | \$57,016-\$65,160 | \$65,161+  |
| 7                                      | \$0-\$36,730 | \$36,731-\$45,913 | \$45,914-\$55,095 | \$55,096-\$64,278 | \$64,279-\$73,460 | \$73,461+  |
| 8                                      | \$0-\$40,890 | \$40,891-\$51,113 | \$51,114-\$61,335 | \$61,336-\$71,558 | \$71,559-\$81,780 | \$81,781+  |
| For each additional family member, add | \$4,160      | \$5,200           | \$6,240           | \$7,280           | \$8,320           | \$10,400   |