



# Health Assistance Program

## Sliding Fee Scale



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

List Your Family Members: \_\_\_\_\_

Completing the HAP application will help SMC ensure future funding of our clinic:

<p><b>HEALTH ASSISTANCE PROGRAM (HAP)</b></p> <p>Sweet Medical Center is a Federally Qualified Health Center (FQHC) and offers access to quality care for patients who don't have insurance, or who are underinsured, through the Health Assistance Program (HAP) which provides discounted costs for medical services based on the Sliding Fee Scale. All uninsured or underinsured patients are eligible to apply for the Health Assistance Program. If you have health insurance but meet the income guidelines for the HAP, we will bill your insurance first, and discount the remaining unpaid charges according to the HAP Sliding Fee Scale. Each patient to register with Sweet Medical Center will be given the opportunity to be assessed for eligibility to the Health Assistance Program (HAP).</p> <p>HAP Applications are available at the Sweet Medical Center registration desk and the HAP office. In order to process your application, we ask that you submit income verification with your application. Eligibility for the Health Assistance Program will be initiated when both an application and income verification are provided.</p>	<b>Eligibility for the Health Assistance Program is Based on <u>Household</u> Income and Family Size</b>						
	<i>Discounts may not apply to services billed by entities other than Sweet Medical Center, Inc.</i>						
	<i>If you have health insurance, you will be charged the lesser of your health insurance co-payment or your HAP fee.</i>						
	<b>Please Circle Where <u>Your</u> Household Income Fits Below</b>						
	<b>Federal Poverty Level</b> <small><a href="http://www.healthcare.gov">www.healthcare.gov</a></small>	<b>Slide A - 100% Poverty</b>	<b>Slide B - 125% Poverty</b>	<b>Slide C - 150% Poverty</b>	<b>Slide D - 175% Poverty</b>	<b>Slide E - 200% Poverty</b>	<b>Slide F - Over 200% Poverty</b>
	<b>Family Size</b>	<b>Patient Pays \$15</b>	<b>\$25</b>	<b>\$35</b>	<b>\$45</b>	<b>\$55</b>	<b>Pt pays full charges</b>
	1	\$0 - \$11,880	\$11,881 - \$14,850	\$14,851 - \$17,820	\$17,821 - \$20,790	\$20,791 - \$23,760	\$23,761 and over
	2	\$0 - \$16,020	\$16,021 - \$20,025	\$20,026 - \$24,030	\$24,031 - \$28,035	\$28,036 - \$32,040	\$32,041 and over
	3	\$0 - \$20,160	\$20,161 - \$25,200	\$25,201 - \$30,240	\$30,241 - \$35,280	\$35,281 - \$40,320	\$40,321 and over
	4	\$0 - \$24,300	\$24,301 - \$30,375	\$30,376 - \$36,450	\$36,451 - \$42,525	\$42,526 - \$48,600	\$48,601 and over
5	\$0 - \$28,440	\$28,441 - \$35,500	\$35,501 - \$42,660	\$42,661 - \$49,770	\$49,771 - \$56,880	\$56,881 and over	
6	\$0 - \$32,580	\$32,581 - \$40,625	\$40,626 - \$48,870	\$48,871 - \$57,015	\$57,016 - \$65,160	\$65,161 and over	
7	\$0 - \$36,730	\$36,731 - \$45,913	\$45,914 - \$55,095	\$55,096 - \$64,278	\$64,279 - \$73,460	\$73,461 and over	
8	\$0 - \$40,890	\$40,891 - \$51,113	\$51,114 - \$61,335	\$61,336 - \$71,558	\$71,559 - \$81,780	\$81,781 and over	
<small>For each additional family member add:</small>	<b>\$4160 to income limit</b>	<b>\$4160 to income limit</b>	<b>\$4160 to income limit</b>	<b>\$4160 to income limit</b>	<b>\$4160 to income limit</b>		