

SLIDING FEE DISCOUNT PROGRAM PATIENT APPLICATION

The Providence Center

Sliding Fee Discount Information

It is the policy of The Providence Center (TPC) to provide essential services regardless of the patient's ability to pay. TPC offers discounts based on family size and annual income.

Please complete the following information and return to the front desk to determine if you or members of your family are eligible for a discount.

The discount will apply to all services directly provided by TPC, but not those services or equipment purchased from or provided by outside vendors, including laboratory testing, medications, and other such services. You must complete this form every 12 months or if your financial situation changes.

NAME				
STREET	CITY	STATE	ZIP	PHONE

Please list all household members, including those under age 18.

	Name	Date of Birth
SELF		
OTHER		
OTHER		
OTHER		

Source	Self	Other	Total
Gross wages, salaries, tips, etc.			
Income from business and self-employment			
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, veterans' payments, survivor benefits, pension, or retirement income			
Interest; dividends; royalties; income from rental properties, estates, and trusts; alimony; child support; assistance from outside the household; and other miscellaneous sources			
TOTAL INCOME			

I certify that the family size and income information shown above is correct.

Name (Print)

Signature

Date

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OFFICE USE ONLY

Client Name: _____

Approved Discount: _____

Approved by: _____

Date Approved: _____

Verification Checklist	Yes	No
Identification/Address: Driver's license, utility bill, employment identification, or other		
Income: Prior year tax return, three most recent pay stubs, or other		

Self-declaration of income may also be used.

Effective 3/1/2024

CNE Financial Assistance Eligibility Guidelines												
Summary of Sliding Scale Discounts and Maximum Patient Liability												
Income as % of Federal Poverty Level	100%	200%	210%	220%	230%	240%	250%	260%	270%	280%	290%	300%
Sliding Scale Discount to the Patient	100%	100%	80%	60%	40%	20%	10%	10%	10%	5%	5%	5%
Maximum Annual Patient Liability See Incomes Below (multiply the income by <i>max annual %</i>)												
	0%	0%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%
Income for Family Size of 1	\$15,060	\$30,120	\$31,626	\$33,132	\$34,638	\$36,144	\$37,650	\$39,156	\$40,662	\$42,168	\$43,674	\$45,180
Income for Family Size of 2	\$20,440	\$40,880	\$42,924	\$44,968	\$47,012	\$49,056	\$51,100	\$53,144	\$55,188	\$57,232	\$59,276	\$61,320
Income for Family Size of 3	\$25,820	\$51,640	\$54,222	\$56,804	\$59,386	\$61,968	\$64,550	\$67,132	\$69,714	\$72,296	\$74,878	\$77,460
Income for Family Size of 4	\$31,200	\$62,400	\$65,520	\$68,640	\$71,760	\$74,880	\$78,000	\$81,120	\$84,240	\$87,360	\$90,480	\$93,600
Income for Family Size of 5	\$36,580	\$73,160	\$76,818	\$80,476	\$84,134	\$87,792	\$91,450	\$95,108	\$98,766	\$102,424	\$106,082	\$109,740
Income for Family Size of 6	\$41,960	\$83,920	\$88,116	\$92,312	\$96,508	\$100,704	\$104,900	\$109,096	\$113,292	\$117,488	\$121,684	\$125,880
Income for Family Size of 7	\$47,340	\$94,680	\$99,414	\$104,148	\$108,882	\$113,616	\$118,350	\$123,084	\$127,818	\$132,552	\$137,286	\$142,020
Income for Family Size of 8	\$52,720	\$105,440	\$110,712	\$115,984	\$121,256	\$126,528	\$131,800	\$137,072	\$142,344	\$147,616	\$152,888	\$158,160