



Elica Health Centers Sliding Fee Discount Program

At Elica Health Centers, we offer a Sliding Fee Discount to make our services more affordable to all patients.

- 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 Guidelines (FPG):

- You must complete the application on the reverse and re-apply in one year, or when your household or income changes, whichever comes first.
- 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. Credit Cards (VISA, MasterCard). Checks are not acceptable.

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

APPLICATION FOR SLIDING FEE PROGRAM ELIGIBILITY

1. Have you applied for Medi-Cal, and been DENIED benefits within the last 60 days?

Yes No

2. Total Number of dependents living in your household (include yourself/spouse, children and any dependent relatives living with you: ___ (helpful hint – where the person is claimed as a taxable dependent).

You must provide proof of income for every adult family member, examples as follows: a copy of the most recent tax return, your two most current pay stubs or W2's, child support check stubs, social security statements, disability / workers' compensation check stubs, etc. Please ask for assistance in determining acceptable proof of income. Failure to provide sufficient proof within 10 days will result in the return of your application and delay in approval.

Patient Name: _____ Application Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Birthdate: _____ Phone/Message # _____

						For Internal Use Only	
Name	Relationship	Date of Birth	Employer	Income	Frequency Week/month/year...	Date Received	Type of Documentation
Total Income Amount							
Total Number of Family Members Applying							

I hereby request Elica Health Centers to determine my eligibility for the sliding fee program, based on the information I have submitted. I understand that the information, which I submit concerning my family income and size, is subject to verification. I also understand that if information, which I submit, is determined to be false, I will be liable for all services at full charge. In signing this application I affirm that the information provided above is true and correct to the best of my knowledge. I understand that it is my responsibility to inform Elica Health Centers of all changes to my insurance information and should I fail to do so, payment in full of all services rendered will be my responsibility.

Signature: _____ Date: _____

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VERIFICATION AND DETERMINATION

1. Monthly income verification attached: Yes No (Initial Self-Declaration)

2. Slide Effective Date: _____

3. Qualified fee reduction: ≤100% 101-125% 126-150%
151-175% 176-200% ≥200%

4. Length of reduction: 1st Visit 1Year

Verification and determination by: _____ Date: _____

SLIDING FEE DISCOUNT SCHEDULE for 2022

Elica Health Centers: Sliding Fee Schedule			Sliding Fee Scale: (Based on Federal Register 2022 - Poverty Income Guidelines)			
Discount Categories	Category A	Category B	Category C	Category D	Category E	Full Pricing
% of Federal Poverty Income Levels	At or below 100% (FPG)	>100 - 125%	>125 - 150%	>150 - 175%	>175 - 200%	> 200 %
Medical / Behavioral Health	Nominal Fee	Discounted Fees				Full Pricing
All Inclusive Visit (1)	\$25	\$35	\$45	\$55	\$65	
Internal Diagnostic labs (2)	\$5	\$6	\$7	\$8	\$9	
Lab referral (3)	\$30	\$31	\$32	\$33	\$34	
Electives & Other Special Items (see schedule below) (4)	see #4 below					
Dental Program	Nominal Fee	Discounted Fees				Full Pricing
All Inclusive Visit: diagnostic, preventive, periodontal, & emergencies (1)	\$25	\$35	\$45	\$55	\$65	
Major / Bundled Professional fees: bridges, crowns, dentures, & root canals (5)	\$25	\$35	\$45	\$55	\$65	
Major / Bundled: lab/equipment (5)	see schedule below					

1. All-inclusive visits include professional services and all routine supplies, injectables, and vaccines.
2. Internal labs are medical diagnostic labs performed on site.
3. Lab referrals are medical diagnostic labs performed offsite by Quest Diagnostics or other reference labs.
4. Electives & other special items with special pricing (based on actual cost):

Depo Provera	\$45	Other IUDs	\$600
Liletta IUD	\$105	Night guards	\$95

5. Major/Bundled Dental includes complex services requiring treatment planning, special labs and/or equipment, and are frequently bundled into two or more appointments. Patients offered these services will meet individually with an Elica Treatment Planner, who will explain the procedure and provide financial counseling services. The patient will be expected to pay 50% prior to the ordered lab work or the scheduled procedure and the remaining balance will be set up on a payment plan. **See schedule below.**

Patient pays discounted professional fee for each visit plus a one-time fee according to this schedule:

Major Service	Category A	Category B	Category C	Category D	Category E	Full Pricing
Root Canal (per canal)	\$175	\$200	\$225	\$250	\$275	
Crown/Bridge (per unit)	\$150	\$170	\$190	\$210	\$230	
Full Denture (per arch)	\$400	\$450	\$500	\$550	\$600	
Partial Denture (per arch)	\$450	\$500	\$550	\$600	\$650	

FEDERAL POVERTY GUIDELINES for 2022

Elica Health Centers: Sliding Fee Discount				Sliding Fee Scale: (Based on 2022 Federal Register - Poverty Income Guidelines)			
Family Size	Income Measure	Category A	Category B	Category C	Category D	Category E	Full Pricing
% of Federal Poverty Income Levels		At or below 100% (FPG)	>100 - 125%	>125 - 150%	>150 - 175%	>175 - 200%	> 200 %
1	Annual	\$0 - \$13,590	\$13,591 - \$16,988	\$16,989 - \$20,385	\$20,386 - \$23,783	\$23,784 - \$27,180	\$27,181 +
	Monthly	\$0 - \$1,133	\$1,134 - \$1,416	\$1,417 - \$1,699	\$1,700 - \$1,982	\$1,983 - \$2,265	\$2,266 +
2	Annual	\$0 - \$18,310	\$18,311 - \$22,888	\$22,889 - \$27,465	\$27,466 - \$32,043	\$32,044 - \$36,620	\$36,621 +
	Monthly	\$0 - \$1,526	\$1,527 - \$1,907	\$1,908 - \$2,289	\$2,290 - \$2,670	\$2,671 - \$3,052	\$3,053 +
3	Annual	\$0 - \$23,030	\$23,031 - \$28,788	\$28,789 - \$34,545	\$34,546 - \$40,303	\$40,304 - \$46,060	\$46,061 +
	Monthly	\$0 - \$1,919	\$1,920 - \$2,399	\$2,400 - \$2,879	\$2,880 - \$3,359	\$3,360 - \$3,838	\$3,839 +
4	Annual	\$0 - \$27,750	\$27,751 - \$34,688	\$34,689 - \$41,625	\$41,626 - \$48,563	\$48,564 - \$55,500	\$55,501 +
	Monthly	\$0 - \$2,313	\$2,314 - \$2,891	\$2,892 - \$3,469	\$3,470 - \$4,047	\$4,048 - \$4,625	\$4,626 +
5	Annual	\$0 - \$32,470	\$32,471 - \$40,588	\$40,589 - \$48,705	\$48,706 - \$56,823	\$56,824 - \$64,940	\$64,941 +
	Monthly	\$0 - \$2,706	\$2,707 - \$3,382	\$3,383 - \$4,059	\$4,060 - \$4,735	\$4,736 - \$5,412	\$5,413 +
6	Annual	\$0 - \$37,190	\$37,191 - \$46,488	\$46,489 - \$55,785	\$55,786 - \$65,083	\$65,084 - \$74,380	\$74,381 +
	Monthly	\$0 - \$3,099	\$3,100 - \$3,874	\$3,875 - \$4,649	\$4,650 - \$5,424	\$5,425 - \$6,198	\$6,199 +
7	Annual	\$0 - \$41,910	\$41,911 - \$52,388	\$52,389 - \$62,865	\$62,866 - \$73,343	\$73,344 - \$83,820	\$83,821 +
	Monthly	\$0 - \$3,493	\$3,494 - \$4,366	\$4,367 - \$5,239	\$5,240 - \$6,112	\$6,113 - \$6,985	\$6,986 +
8	Annual	\$0 - \$46,630	\$46,631 - \$58,288	\$58,289 - \$69,945	\$69,946 - \$81,603	\$81,604 - \$93,260	\$93,261 +
	Monthly	\$0 - \$3,886	\$3,887 - \$4,857	\$4,858 - \$5,829	\$5,830 - \$6,800	\$6,801 - \$7,772	\$7,773 +
9	Annual	\$0 - \$51,350	\$51,351 - \$64,188	\$64,189 - \$77,025	\$77,026 - \$89,863	\$89,864 - \$102,700	\$102,701 +
	Monthly	\$0 - \$4,279	\$4,280 - \$5,349	\$5,350 - \$6,419	\$6,420 - \$7,489	\$7,490 - \$8,558	\$8,559 +
10	Annual	\$0 - \$56,070	\$56,071 - \$70,088	\$70,089 - \$84,105	\$84,106 - \$98,123	\$98,124 - \$112,140	\$112,141 +
	Monthly	\$0 - \$4,673	\$4,674 - \$5,841	\$5,842 - \$7,009	\$7,010 - \$8,177	\$8,178 - \$9,345	\$9,346 +
11	Annual	\$0 - \$60,790	\$60,791 - \$75,988	\$75,989 - \$91,185	\$91,186 - \$106,383	\$106,384 - \$121,580	\$121,581 +
	Monthly	\$0 - \$5,066	\$5,067 - \$6,332	\$6,333 - \$7,599	\$7,600 - \$8,865	\$8,866 - \$10,132	\$10,133 +
12	Annual	\$0 - \$65,510	\$65,511 - \$81,888	\$81,889 - \$98,265	\$98,266 - \$114,643	\$114,644 - \$131,020	\$131,021 +
	Monthly	\$0 - \$5,459	\$5,460 - \$6,824	\$6,825 - \$8,189	\$8,190 - \$9,554	\$9,555 - \$10,918	\$10,919 +

For Staff Use Only:

How Gross Annual Income Is Being Calculated:

- If Paid Weekly: gross paycheck amount X **52**

- If Paid Every 2 Weeks: gross paycheck amount X **26**

- If Paid Twice a Month: gross paycheck amount X **24**

- If Paid Monthly: gross paycheck amount X **12**