



Sliding Fee Scale Application

Thank you for choosing White Mountain Community Health Center as your health care provider. We offer a sliding fee discount to applicants with qualifying household incomes.

If you are uninsured, our Navigator is here to work with you to explore available insurance options and to take your application for our sliding fee scale program. If you have medical insurance and want to use the sliding fee scale towards your deductible or for dental care, you may apply by submitting an application without meeting with the Navigator.

For uninsured patients who are not on the the sliding fee scale, we offer a 15% discount on medical services if payment is made in full at the time of service.

Please note:

- Sliding fee discounts apply only to services provided by the health center. For lab tests we send out to Nordx, they currently honor our sliding fee schedule for uninsured patients as part of their own discount program.
- Patients on a sliding fee scale need to reapply yearly, and/or by the review date on their fee scale card.
- Our Navigators have found that virtually all patients who meet with them are able to enroll in a health coverage option they can afford.

Proof of income for all household family members must be submitted with the application*, including:

- Copy of most recent tax return
- Copy of SSI benefits (if applicable)
- Pay stubs or proof of income for the past month, or current year (if income varies)

**Do not submit original documents. We can make copies for you.*

Please bring your completed application and supporting income documentation to your Navigator appointment, or submit to the front desk.

If you have any questions, we are here to help! You may call the Navigator at (603) 447-8900 x323 or email her at jmashiak@whitemountainhealth.org.

Frequently Asked Questions

- Q. Will I be denied healthcare if I choose not to meet with a Navigator?**
- A.** No. You will never be denied care based on ability to pay or your decision on whether or not to meet with a Navigator or apply for financial assistance.
- Q. I was always on a fee scale before. Why should I meet with a Navigator now?**
- A.** Many of our patients qualify for programs that are better suited to meet a wide range of healthcare services than just those that we provide. We want to give our patients every opportunity to take advantage of the little-to-no-cost healthcare options that are available to meet their needs.
- Q. Why is the health center making this change to their sliding fee scale policy?**
- A.** We are a non-profit dedicated to making health care available to everyone in this community, regardless of ability to pay. When our patients take full advantage of the programs available to cover their health care expenses, it increases our ability to serve more people and meet more community health needs.
- Q. If I choose not to meet with a Navigator and apply for the sliding fee scale, how do I get the 15% discount?**
- A.** All you have to do to take advantage of the 15% discount is pay for medical services at check-out. We will calculate the 15% discount for you. If for any reason your charges are not complete at the time of check-out, we will take a minimum payment and grant you the 15% on any remaining balance that may be due for that visit only. *This discount does not apply to dental care or flat fee services such as mental health counseling.
- Q. Can I get more than a 15% discount?**
- A.** The only way we can grant more than a 15% discount is for you to meet with a Navigator and formally apply for the sliding fee scale. This does not apply to family planning services.
- Q. What if I qualify for a Marketplace health plan and I feel it is too expensive? Do I have to sign up for it? What if I qualify for Medicaid, but don't want enroll?**
- A.** The decision to sign up for any available health plan option is entirely up to you. It will not affect your health care services in any way. You will not be eligible for the sliding fee scale if you choose not to enroll in affordable health coverage options available to you, but the Navigator will review any extenuating circumstances on a case-by-case basis and will work with you to find the best options available.
- Q. I already have insurance, but have a deductible. Can I apply for the sliding fee scale without meeting with the Navigator?**
- A.** You can apply for the sliding fee scale to help with the deductible expenses, and will not need to meet with the Navigator. If your application is incomplete or we need additional information, we will contact you.



**WHITE MOUNTAIN
COMMUNITY
HEALTH CENTER**

Whole Person. Whole Family. Whole Valley.
298 White Mt. Hwy • PO Box 2800 • Conway, NH 03818 • 603-447-8900

Sliding Fee Scale Application

Applicant's name _____

Mailing address: _____

Physical address: _____

Home phone: _____ Work phone: _____

If insured, insurance company: _____ Plan name: _____

Household members - Please list spouse and all dependents:

Name: _____ Age: _____ Patient? Y N **Gross monthly income** _____

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Name: _____ Age: _____ Patient? Y N **Gross monthly income** _____

Name: _____ Age: _____ Patient? Y N **Gross monthly income** _____

Write others on back

Total monthly income: _____

Adjusted gross income on most recent taxes filed: _____ Tax year: _____

Other income information - If you feel that the numbers above do not give an accurate representation of your household income, please explain here (otherwise leave blank):

Office use (to be filled out by Navigator):

FPL: _____ Medical fee scale level: _____ Dental fee scale level: _____

Circle one: insured uninsured

If uninsured, planning to enroll? Y N If Y, expected coverage start date: _____

If insured, insurance company: _____ Plan name: _____

Review date: _____

By signing:

- I certify that all information I have submitted is true and complete.
- I agree to notify White Mountain Community Health Center of any changes to my income, household, or insurance status.
- I understand that I must reapply for the sliding fee scale by my review date.
- I understand my options for affordable health coverage.

Patient or guardian signature: _____ Date: _____

By signing:

- I certify that I have reviewed documentation for all income information submitted.
- I certify that I have thoroughly discussed all affordable options for health coverage for this/these patient(s).

Navigator signature: _____ Date: _____

Medical Sliding Fee Scale (Applies to Primary Care, Prenatal Care, and Family Planning as noted)

Family Size	Fee Scale Level	1		2		3		4		5 (Family Planning Only)	
	Discount % of FPL Range	\$10 flat fee* 0 - 100%		80% discount 101 - 138%		60% discount 139 - 168%		40% discount 169 - 200%		20% discount 201 - 250%	
1	Yearly	\$ -	\$ 12,060	\$ 12,061	\$ 16,643	\$ 16,644	\$ 20,261	\$ 20,262	\$ 24,120	\$ 24,121	\$ 30,150
	Monthly	\$ -	\$ 1,005	\$ 1,006	\$ 1,387	\$ 1,388	\$ 1,688	\$ 1,689	\$ 2,010	\$ 2,011	\$ 2,513
	Weekly	\$ -	\$ 232	\$ 233	\$ 320	\$ 321	\$ 390	\$ 391	\$ 464	\$ 465	\$ 580
2	Yearly	\$ -	\$ 16,240	\$ 16,241	\$ 22,411	\$ 22,412	\$ 27,283	\$ 27,284	\$ 32,480	\$ 32,481	\$ 40,600
	Monthly	\$ -	\$ 1,353	\$ 1,354	\$ 1,868	\$ 1,869	\$ 2,274	\$ 2,275	\$ 2,707	\$ 2,708	\$ 3,383
	Weekly	\$ -	\$ 312	\$ 313	\$ 431	\$ 432	\$ 525	\$ 526	\$ 625	\$ 626	\$ 781
3	Yearly	\$ -	\$ 20,420	\$ 20,421	\$ 28,180	\$ 28,181	\$ 34,306	\$ 34,307	\$ 40,840	\$ 40,841	\$ 51,050
	Monthly	\$ -	\$ 1,702	\$ 1,703	\$ 2,348	\$ 2,349	\$ 2,859	\$ 2,860	\$ 3,403	\$ 3,404	\$ 4,254
	Weekly	\$ -	\$ 393	\$ 394	\$ 542	\$ 543	\$ 660	\$ 661	\$ 785	\$ 786	\$ 982
4	Yearly	\$ -	\$ 24,600	\$ 24,601	\$ 33,948	\$ 33,949	\$ 41,328	\$ 41,329	\$ 49,200	\$ 49,201	\$ 61,500
	Monthly	\$ -	\$ 2,050	\$ 2,051	\$ 2,829	\$ 2,830	\$ 3,444	\$ 3,445	\$ 4,100	\$ 4,101	\$ 5,125
	Weekly	\$ -	\$ 473	\$ 474	\$ 653	\$ 654	\$ 795	\$ 796	\$ 946	\$ 947	\$ 1,183
5	Yearly	\$ -	\$ 28,780	\$ 28,781	\$ 39,716	\$ 39,717	\$ 48,350	\$ 48,351	\$ 57,560	\$ 57,561	\$ 71,950
	Monthly	\$ -	\$ 2,398	\$ 2,399	\$ 3,310	\$ 3,311	\$ 4,029	\$ 4,030	\$ 4,797	\$ 4,798	\$ 5,996
	Weekly	\$ -	\$ 553	\$ 554	\$ 764	\$ 765	\$ 930	\$ 931	\$ 1,107	\$ 1,108	\$ 1,384
6	Yearly	\$ -	\$ 32,960	\$ 32,961	\$ 45,485	\$ 45,486	\$ 55,373	\$ 55,374	\$ 65,920	\$ 65,921	\$ 82,400
	Monthly	\$ -	\$ 2,747	\$ 2,748	\$ 3,790	\$ 3,791	\$ 4,614	\$ 4,615	\$ 5,493	\$ 5,494	\$ 6,867
	Weekly	\$ -	\$ 634	\$ 635	\$ 875	\$ 876	\$ 1,065	\$ 1,066	\$ 1,268	\$ 1,269	\$ 1,585
Add for each additional family member	Yearly	\$ -	\$ 4,180	\$ 4,181	\$ 5,768	\$ 5,769	\$ 7,022	\$ 7,023	\$ 8,360	\$ 8,361	\$ 10,450
	Monthly	\$ -	\$ 348	\$ 349	\$ 481	\$ 482	\$ 585	\$ 586	\$ 697	\$ 698	\$ 871
	Weekly	\$ -	\$ 80	\$ 81	\$ 111	\$ 112	\$ 135	\$ 136	\$ 161	\$ 162	\$ 201

*Except for family planning services, which are free for fee scale 1 patients.

Other important fee information:

- An additional 15% discount is available if bill is paid in full at checkout
- There is a \$10 per-visit minimum (this does not apply to family planning visits)

FPL numbers were obtained from <https://aspe.hhs.gov/poverty-guidelines>, and are in effect as of January 24, 2017

Approved by the White Mountain Community Health Center Board of Directors on January 26, 2017

Dental Sliding Fee Scale (Applies to Adult and Children's Dental Services)

Family Size	Fee Scale Level	1		2		3		4	
	Discount % of FPL Range	80% discount 0 - 100%		65% discount 101 - 138%		50% discount 139 - 150%		35% discount 151 - 200%	
1	Yearly	\$ -	\$ 12,060	\$ 12,061	\$ 16,643	\$ 16,644	\$ 18,090	\$ 18,091	\$ 24,120
	Monthly	\$ -	\$ 1,005	\$ 1,006	\$ 1,387	\$ 1,388	\$ 1,508	\$ 1,509	\$ 2,010
	Weekly	\$ -	\$ 232	\$ 233	\$ 320	\$ 321	\$ 348	\$ 349	\$ 464
2	Yearly	\$ -	\$ 16,240	\$ 16,241	\$ 22,411	\$ 22,412	\$ 24,360	\$ 24,361	\$ 32,480
	Monthly	\$ -	\$ 1,353	\$ 1,354	\$ 1,868	\$ 1,869	\$ 2,030	\$ 2,031	\$ 2,707
	Weekly	\$ -	\$ 312	\$ 313	\$ 431	\$ 432	\$ 468	\$ 469	\$ 625
3	Yearly	\$ -	\$ 20,420	\$ 20,421	\$ 28,180	\$ 28,181	\$ 30,630	\$ 30,631	\$ 40,840
	Monthly	\$ -	\$ 1,702	\$ 1,703	\$ 2,348	\$ 2,349	\$ 2,553	\$ 2,554	\$ 3,403
	Weekly	\$ -	\$ 393	\$ 394	\$ 542	\$ 543	\$ 589	\$ 590	\$ 785
4	Yearly	\$ -	\$ 24,600	\$ 24,601	\$ 33,948	\$ 33,949	\$ 36,900	\$ 36,901	\$ 49,200
	Monthly	\$ -	\$ 2,050	\$ 2,051	\$ 2,829	\$ 2,830	\$ 3,075	\$ 3,076	\$ 4,100
	Weekly	\$ -	\$ 473	\$ 474	\$ 653	\$ 654	\$ 710	\$ 711	\$ 946
5	Yearly	\$ -	\$ 28,780	\$ 28,781	\$ 39,716	\$ 39,717	\$ 43,170	\$ 43,171	\$ 57,560
	Monthly	\$ -	\$ 2,398	\$ 2,399	\$ 3,310	\$ 3,311	\$ 3,598	\$ 3,599	\$ 4,797
	Weekly	\$ -	\$ 553	\$ 554	\$ 764	\$ 765	\$ 830	\$ 831	\$ 1,107
6	Yearly	\$ -	\$ 32,960	\$ 32,961	\$ 45,485	\$ 45,486	\$ 49,440	\$ 49,441	\$ 65,920
	Monthly	\$ -	\$ 2,747	\$ 2,748	\$ 3,790	\$ 3,791	\$ 4,120	\$ 4,121	\$ 5,493
	Weekly	\$ -	\$ 634	\$ 635	\$ 875	\$ 876	\$ 951	\$ 952	\$ 1,268
Add for each additional family member	Yearly	\$ -	\$ 4,180	\$ 4,181	\$ 5,768	\$ 5,769	\$ 6,270	\$ 6,271	\$ 8,360
	Monthly	\$ -	\$ 348	\$ 349	\$ 481	\$ 482	\$ 523	\$ 524	\$ 697
	Weekly	\$ -	\$ 80	\$ 81	\$ 111	\$ 112	\$ 121	\$ 122	\$ 161

FPL numbers were obtained from <https://aspe.hhs.gov/poverty-guidelines>, and are in effect as of January 24, 2017

Approved by the White Mountain Community Health Center Board of Directors on Feb. 23, 2017