

Income Level as % of FPL	A <100%	B 101%-133%	C 134%-167%	D 168%-200%	E >200%
Fee per Medical visit*	\$5	\$25	\$35	\$45	Full Charges
Vaccine administration Fees	\$1	\$5	\$10	\$15	Full Charges
Fee per Behavioral Health visit	\$20	\$25	\$35	\$45	Full Charges
Fee per Group Therapy visit	\$10	\$15	\$25	\$35	Full Charges

*Medical visits include the cost of many (but not all) medically necessary labs, Immunizations/Injections, and a limited supply of some oral medications. Services and goods not covered by the sliding scale fee will be disclosed at the time of service.

To complete your application, you will need:

- Proof of income for everyone in your house
- Proof of current address, if available
- Proof of expenses, if using to qualify
- Proof of identity, if available

Proof of income is required for you and all members of your household.

- ✓ Acceptable documentation can include: W-2 Forms or two most recent pay stubs (if no W-2); Income tax returns; Any other income documentation (e.g., unemployment benefits statement, Social Security benefit letter, public assistance benefits letter, child support/alimony documentation). If you are not working and have no source of income, provide a letter of support from the person supporting you or the individual you are living with.

Proof of expenses are only required if you are using cost of living expenses in your sliding scale calculation for the household.

- ✓ Acceptable documentation can include: Monthly mortgage or rent bill (up to \$1,000 per monthly allowable) or lease agreement, medical bills, tuition or childcare bills, legal expense invoices or bills.

Proof of Identification and address are requested.

- ✓ Acceptable documentation can include: Driver's License, State Identification Card, Birth Certificate, Illinois Medicaid Identification card, Utility Bill, Rental Agreement, Passport, and Alien Registration card or "green card," or letter(s) from supporting agencies or shelters.

Other Requirements and Reminders:

- ✓ Applicants may be presumed eligible for their slide level for visits within their first 30 days.
- ✓ Households have 30 days to submit proof of income documentation. If the required documentation is not provided within 30 days, patients will be charged full MRHC fees for any visits.
- ✓ Households must disclose any active health insurance coverage. All health insurance will be billed, but the patient responsibility will not exceed the assigned nominal charge, unless obligated by law.
- ✓ No one is ever refused care due to inability to pay. However, households must complete the application to receive discounts. Payment is expected at time of service.

All information can be mailed, faxed, delivered to MRHC, or emailed to info@midwestrefuah.org