

## **2025 Sliding Scale Information Sheet**

Income Level as % of FPL	Α	В	С	D	E
	<100%	101%-133%	134%-167%	168%-200%	>200%
Fee per Medical visit*	\$5	\$25	\$35	\$45	Full Charges
Fee per Vaccination-Only Nurse Visit	\$2	\$10	\$10	\$20	Full Charges
In-house Diagnostic Imaging	\$12	\$15	\$25	\$35	Full Charges
Fee per Behavioral Health visit	\$20	\$25	\$35	\$45	Full Charges
Fee per Group Therapy visit	\$10	\$15	\$25	\$35	Full Charges

<sup>\*</sup>Medical visits include the cost of medically necessary labs, Immunizations/Injections, and a limited supply of some oral medications and durable medical equipment. Services and goods not covered by the sliding scale fee will be disclosed at the time of service.

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☐ Proof of income for all adults in your house	<ul> <li>Proof of expenses, if using to qualify</li> </ul>
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## 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.
- ✓ Patients applying for the Sliding Fee Discount Program must provide proof of income for all household members sharing income or legally responsible for each other's debts.

## 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, lease agreement, or rent bill (up to \$1,250 per monthly allowable), and/or tuition or childcare bills.

## 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 the time of service.
- ✓ If you do not qualify for financial assistance, yet have an inability to pay, you may write a letter explaining your circumstances and request a review of your application or account.

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