



# Family Health Centers

Care for your Health & Wellness

## Proof of Income for Sliding-Fee Discounts

Family Health Centers (FHC) provides discounts on our services based on your household size and income. These **sliding-fee discounts** can make your healthcare and prescriptions more affordable. To get FHC's sliding-fee discounts, you must show proof of income within **30 days** of your first visit. The following items are proof of income that FHC is able to accept. Choose one of these items to bring in.

<p><b>Current Pay Stubs for the most recent one month of work of everyone working in your household.</b></p> <p>4 pay stubs if paid weekly, or 2 pay stubs if paid every other week.</p> <p>This can include unemployment pay-stubs.</p>	<p><b>Letter from an organization that helps you, like a Church, stating your situation related to your income.</b></p> <p>Letters must be on letterhead, signed, with the name and telephone number of the person writing the letter.</p>	<p><b>Letter from your employer that provides your income amount.</b></p> <p>Letters can be on letterhead or handwritten, they must be signed, with the name and telephone number of the person writing the letter. <b>The letter must include your pay rate and the number of hours worked each week.</b></p>
<p><b>Letter for Social Security, SSI, Disability, Unemployment, Food Stamps or other public assistance that shows your income.</b></p> <p>Only 1 letter is needed.</p>	<p><b>Most recent income tax filed or W2 from your employer.</b></p>	 <p><b>Only one proof of income document is needed.</b></p>

**Proof of income can be brought to any FHC location that is convenient to you. If you have dependents that will also use FHC services, please let the receptionist know so that their sliding-discount can also be set at the same time.**

Your discounts are based on the Federal Poverty Limits (FPL). You can expect the following discount once your sliding-discount is determined:

SLIDE A	B	C	D	E	F
100% FPL	101%- 125% FPL	126-150% FPL	151-175%	176-200%	More than 200% FPL
\$20/Medical visit \$30/Dental visit	Pay 20% of total bill.	Pay 40% of total bill.	Pay 60% of total bill.	Pay 80% of total bill.	No Discount.

If FHC does not receive your proof of income, you will be set to a SLIDE F.