

Family Medical Center Financial Programs

Sliding Fee Program: The Sliding Fee program provides discounted services based on household incomes below 200% of the Poverty Guidelines which are located on the Federal Register website. To qualify, you must complete a **Sliding Fee Application** and provide proof of your household income. (See chart below for your designated co-pay). **Patients who do not qualify for a discount will be billed for the balance of their services.**

Monroe County Health Plan (MCHP): Patients who live in Monroe County, have incomes at or below 135% of the poverty guidelines, and have no other form of insurance coverage may apply for MCHP. To qualify, patients must complete a **sliding fee application** and provide proof of household income. Patients must also complete a **MCHP application** and be able to provide a valid Monroe County drivers license. (This program requires a \$5.00 co-pay. Some services are not covered by the plan, but are discounted through the Sliding Fee program)

If you need any assistance with the application process for these programs, the Patient Accounts Department will be happy to assist you.

Medical and Mental Health Sliding Fee Co-Pays

SLIDING FEE CATEGORY	OFFICE VISIT	PHYSICAL	MEDICAL ASSISTANT VACCINE APPT PLUS/VACC/INJEC	DIETICIAN CO-PAYS	MEDICAL IUD CO-PAY	SLIDING FEE CATEGORY	MENTAL HEALTH J. PARSIL & STUDENTS	MENTAL HEALTH DR. MEMON
A	\$ 10.00	\$ 20.00	\$ 15.00	\$ 5.00	\$265 +20	A	\$ 10.00	\$ 25.00
B	\$ 15.00	\$ 25.00	\$ 15.00	\$ 10.00	265 + 25	B	\$ 15.00	\$ 30.00
C	\$ 25.00	\$ 30.00	\$ 15.00	\$ 15.00	265 +30	C	\$ 25.00	\$ 35.00
D	\$ 30.00	\$ 40.00	\$ 15.00	\$ 20.00	265 +40	D	\$ 30.00	\$ 40.00
E	\$ 40.00	\$ 50.00	\$ 15.00	\$ 25.00	265+ 50.	E	\$ 40.00	\$ 45.00
F Full pay	\$ 40.00	\$ 50.00	\$ 15.00	\$ 35.00	265+50	F Full pay	\$ 40.00	\$ 45.00
Full pay would be balanced billed								

Dental Sliding Fee Co-Pays

Sliding Fee Category	Dental Comp and Emergent Exam	Dental Fillings extractions per tooth	Dental Hygeine	Dental Dentures/Partials Labs plus Sliding fee Schedule
A	\$25.00	\$25.00	\$25.00	all lab plus cost
B	\$30.00	\$30.00	\$30.00	all lab plus cost
C	\$35.00	\$35.00	\$35.00	all lab plus cost
D	\$40.00	\$40.00	\$40.00	all lab plus cost
E	\$40.00	\$40.00	\$40.00	all lab plus cost
F Full pay	\$40.00	\$40.00	\$40.00	all lab plus cost