



## **Elica Health Centers Sliding Fee Discount Program**

At Elica Health Centers, we offer a Sliding Fee Discount to make our services more affordable to all patients.

- If you already participate in Social Security Disability income (SSDI), Temporary Assistance for Needy Families (TANF), free and reduced school lunches, or any other public assistance programs, you are most likely eligible for the Sliding Fee Scale Program.

The following criteria apply to the sliding fee scale, which is based on the current Federal Poverty Guidelines (FPG):

- You must complete the application on the reverse and re-apply in one year, or when your household or income changes, whichever comes first.
- You are required to provide proof of income as instructed on the application. Self-declaration of income will qualify the patient for one visit only, but can be changed within ten days of visit.
- If eligible to enroll in Medi-Cal, please ask us for more information. We would be happy to help you fill out an application.
- Approval is based on household size and gross income.
- Participants are expected to pay their share of the discounted fee at the time of service.
- Patients can also arrange to make regular payments until the balance is paid.
- A charge for today's services will reflect the sliding fee scale below. If you qualify on the sliding fee scale, this will be your nominal fee and no other charges will be billed.
- Sources of acceptable payments are:
  1. Cash
  2. Credit Cards (VISA, MasterCard). Checks are not acceptable.

If you have questions, please contact a staff member from one of EHC locations, or call at (916) 454-2345.



## SLIDING FEE DISCOUNT SCHEDULE for 2021

Elica Health Centers: Sliding Fee Schedule			Sliding Fee Scale: (Based on Federal Register 2021 - Poverty Income Guidelines)			
Discount Categories	Category A	Category B	Category C	Category D	Category E	Full Pricing
% of Federal Poverty Income Levels	At or below 100% (FPG)	>100 - 125%	>125 - 150%	>150 - 175%	>175 - 200%	> 200 %
<b>Medical / Behavioral Health</b>	Nominal Fee	Discounted Fees				Full Pricing
All Inclusive Visit (1)	\$25	\$35	\$45	\$55	\$65	
Internal Diagnostic labs (2)	\$5	\$6	\$7	\$8	\$9	
Lab referral (3)	\$30	\$31	\$32	\$33	\$34	
Electives & Other Special Items (see schedule below) (4)	see #4 below					
<b>Dental Program</b>	Nominal Fee	Discounted Fees				Full Pricing
All Inclusive Visit: diagnostic, preventive, periodontal, & emergencies (1)	\$25	\$35	\$45	\$55	\$65	
Major/Bundled Professional fees: bridges, crowns, dentures, & root canals (5)	\$25	\$35	\$45	\$55	\$65	
Major/Bundled: lab/equipment (5)	see schedule below					

1. All-inclusive visits include professional services and all routine supplies, injectables, and vaccines.
2. Internal labs are medical diagnostic labs performed on site.
3. Lab referrals are medical diagnostic labs performed offsite by Quest Diagnostics or other reference labs.
4. Electives & other special items with special pricing (based on actual cost):
  - o Depo Provera \$45
  - o Liletta IUD \$105
  - o Other IUDs \$600
  - o Night guards \$95
5. Major/Bundled Dental includes complex services requiring treatment planning, special labs and/or equipment, and are frequently bundled into two or more appointments. Patients offered these services will meet individually with an Elica Treatment Planner, who will explain the procedure and provide financial counseling services. The patient will be expected to pay 50% prior to the ordered lab work or the scheduled procedure and the remaining balance will be set up on a payment plan. **See schedule below.**

**Patient pays discounted professional fee for each visit plus a one-time fee according to this schedule:**

Major Service	Category A	Category B	Category C	Category D	Category E	Full Pricing
Root Canal (per canal)	\$175	\$200	\$225	\$250	\$275	
Crown/Bridge (per unit)	\$150	\$170	\$190	\$210	\$230	
Full Denture (per arch)	\$400	\$450	\$500	\$550	\$600	
Partial Denture (per arch)	\$450	\$500	\$550	\$600	\$650	



## FEDERAL POVERTY GUIDELINES for 2021

Elica Health Centers: Sliding Fee Discount			Sliding Fee Scale: (Based on Federal Register 2021 Poverty Income Guidelines)				
Discount Categories		Category A	Category B	Category C	Category D	Category E	Full Pricing
% of Federal Poverty Income Levels		At or below 100% (FPG)	>100 - 125%	>125 - 150%	>150 - 175%	>175 - 200%	> 200 %
Family Size	Income Measure	Nominal Fee					Full Pricing
1	Annual	\$0 - \$12,880	\$12,881 - \$16,100	\$16,101 - \$19,320	\$19,321 - \$22,540	\$22,541 - \$25,760	\$25,761 +
	Monthly	\$0 - \$1,073	\$1,074 - \$1,342	\$1,343 - \$1,610	\$1,611 - \$1,878	\$1,879 - \$2,147	\$2,148 +
2	Annual	\$0 - \$17,420	\$17,421 - \$21,775	\$21,776 - \$26,130	\$26,131 - \$30,485	\$30,486 - \$34,840	\$34,841 +
	Monthly	\$0 - \$1,452	\$1,453 - \$1,815	\$1,816 - \$2,178	\$2,179 - \$2,540	\$2,541 - \$2,903	\$2,904 +
3	Annual	\$0 - \$21,960	\$21,961 - \$27,450	\$27,451 - \$32,940	\$32,941 - \$38,430	\$38,431 - \$43,920	\$43,921 +
	Monthly	\$0 - \$1,830	\$1,831 - \$2,288	\$2,289 - \$2,745	\$2,746 - \$3,203	\$3,204 - \$3,660	\$3,661 +
4	Annual	\$0 - \$26,500	\$26,501 - \$33,125	\$33,126 - \$39,750	\$39,751 - \$46,375	\$46,376 - \$53,000	\$53,001 +
	Monthly	\$0 - \$2,208	\$2,209 - \$2,760	\$2,761 - \$3,313	\$3,314 - \$3,865	\$3,866 - \$4,417	\$4,418 +
5	Annual	\$0 - \$31,040	\$31,041 - \$38,800	\$38,801 - \$46,560	\$46,561 - \$54,320	\$54,321 - \$62,080	\$62,081 +
	Monthly	\$0 - \$2,587	\$2,588 - \$3,233	\$3,234 - \$3,880	\$3,881 - \$4,527	\$4,528 - \$5,173	\$5,174 +
6	Annual	\$0 - \$35,580	\$35,581 - \$44,475	\$44,476 - \$53,370	\$53,371 - \$62,265	\$62,266 - \$71,160	\$71,161 +
	Monthly	\$0 - \$2,965	\$2,966 - \$3,706	\$3,707 - \$4,448	\$4,449 - \$5,189	\$5,190 - \$5,930	\$5,931 +
7	Annual	\$0 - \$40,120	\$40,121 - \$50,150	\$50,151 - \$60,180	\$60,181 - \$70,210	\$70,211 - \$80,240	\$80,241 +
	Monthly	\$0 - \$3,343	\$3,344 - \$4,179	\$4,180 - \$5,015	\$5,016 - \$5,851	\$5,852 - \$6,687	\$6,688 +
8	Annual	\$0 - \$44,600	\$44,601 - \$55,750	\$55,751 - \$66,900	\$66,901 - \$78,050	\$78,051 - \$89,200	\$89,201 +
	Monthly	\$0 - \$3,717	\$3,718 - \$4,646	\$4,647 - \$5,575	\$5,576 - \$6,504	\$6,505 - \$7,433	\$7,434 +
9	Annual	\$0 - \$49,080	\$49,081 - \$61,350	\$61,351 - \$73,620	\$73,621 - \$85,890	\$85,891 - \$98,160	\$98,161 +
	Monthly	\$0 - \$4,090	\$4,091 - \$5,113	\$5,114 - \$6,135	\$6,136 - \$7,158	\$7,159 - \$8,180	\$8,181 +
10	Annual	\$0 - \$53,560	\$53,561 - \$66,950	\$66,951 - \$80,340	\$80,341 - \$93,730	\$93,731 - \$107,120	\$107,121 +
	Monthly	\$0 - \$4,463	\$4,464 - \$5,579	\$5,580 - \$6,695	\$6,696 - \$7,811	\$7,812 - \$8,927	\$8,928 +
11	Annual	\$0 - \$58,040	\$58,041 - \$72,550	\$72,551 - \$87,060	\$87,061 - \$101,570	\$101,571 - \$116,080	\$116,081 +
	Monthly	\$0 - \$4,837	\$4,838 - \$6,046	\$6,047 - \$7,255	\$7,256 - \$8,464	\$8,465 - \$9,673	\$9,674 +
12	Annual	\$0 - \$62,520	\$62,521 - \$78,150	\$78,151 - \$93,780	\$93,781 - \$109,410	\$109,411 - \$125,040	\$125,041 +
	Monthly	\$0 - \$5,210	\$5,211 - \$6,513	\$6,514 - \$7,815	\$7,816 - \$9,118	\$9,119 - \$10,420	\$10,421 +

**For Staff Use Only:**

How Gross Annual Income Is Being Calculated:

- If Paid Weekly: gross paycheck amount X **52**
- If Paid Every 2 Weeks: gross paycheck amount X **26**
- If Paid Twice a Month: gross paycheck amount X **24**
- If Paid Monthly: gross paycheck amount X **12**