

Sliding Fee Scale

Our sliding fee scale (*income chart on next page*) is available at our Canton, Gouverneur, Ogdensburg and Malone health centers.

This is for **anyone who has a household income at or below 200% of the Federal Poverty Guidelines.**

A “household” includes all people living in the same house or apartment even if not related to you.

To apply for the Sliding Fee Discount, we need you to fill out a short application which is available at the front desk. Our team will also need proof of income. If you don't have proof of income on your first visit, we give you 30 days to provide us the paperwork we need.

After filling out the Sliding Fee Scale Application, our Case Manager be able to tell you how much we can discount your bill.

****Please remember you will be asked to update your Sliding Fee Scale application every year****

Proof of Income:

If you are employed:
(one of the following)

- A copy of last year's income tax return
- A W-2
- Pay Stubs from the last 30 days
- A written statement from your employer

If you are employed:
(one of the following)

- Proof of Social Security Income Award Letter
- Proof of Unemployment Income Award Letter
- Proof of Disability Income Award Letter
- Proof of other income, such as child support, alimony, or retirement pension

If you are undocumented or a member of a recognized exempted religious group:

- Attestation of yearly income, signed by patient

As a reminder, no one will be turned away because of their inability to pay.

Sliding Fee Discount According to Group Designation

<u>Eligible Services</u>	<u>Group A</u>	<u>Group B</u>	<u>Group C</u>	<u>Group D</u>	<u>Group E</u>
Behavioral Health / Dermatology / Foot Care / Pediatrics / Physical Therapy / Primary Care / Women's Health	No Discount	\$80	\$55	\$35	\$20
Dental Care (Preventative Services/Emergencies)	No Discount	\$80	\$55	\$35	\$20
Dental Care (Expanded Dental Procedures) Sealants, Fillings, Periodontics, Extractions, Endodontics, Crowns, Bridges, Partials, Dentures, Prosthetic Repairs, Space Maintainers, Occlusal Guards and Hard/Soft Tissue Modifications	No Discount	10% Discount [^]	30% Discount [^]	60% Discount [^]	\$40*

**If applicable, additional out-of-pocket costs for lab fees will apply.
[^]Discount applied to total service fees.
 Supplies, equipment and lab charges above and beyond the sliding fee charges are the patient's responsibility.
 Supplies, equipment and lab charges are calculated based on cost plus administrative fees.*

2026 Federal Poverty Guidelines

	Group A	Group B	Group C	Group D	Group E
Poverty Level	201%	200%	166%	133%	100%
1	31,921	31,920	26,494	21,227	15,960
2	43,281	43,280	35,922	28,781	21,640
3	54,641	54,640	45,351	36,336	27,320
4	66,001	66,000	54,780	43,890	33,000
5	77,361	77,360	64,209	51,444	38,680
6	88,721	88,720	73,638	58,999	44,360
7	100,081	100,080	83,066	66,553	50,040
8	111,441	111,440	92,495	74,108	55,720
9	122,801	122,800	101,924	81,662	61,400
10	134,161	134,160	111,353	89,216	67,080
11	145,521	145,520	120,782	96,771	72,760
12	156,881	156,880	130,210	104,325	78,440
13	168,241	168,240	139,639	111,880	84,120
14	179,601	179,600	149,068	119,434	89,800