



# Greater Prince William Community Health Center

## Provider Visit Fee – Sliding Scale Policy

(Please note that this policy only applies to our uninsured patients.)

The Greater Prince William Community Health Center utilizes a sliding scale fee approach to determine our uninsured patient charges for a provider visit. Verified income and patient dependents establish the rate for uninsured patients. The purpose of this approach is to ensure we are able to provide affordable and quality medical services to uninsured patients in our community.

**First Visit Policy.** We expect uninsured patients to bring documentation of their income and number of dependents on their first/next visit to the Health Center. These documents will help us determine an appropriate provider visit fee. If the patient does not provide the necessary documentation (see below) to be enrolled, the minimum fee of \$45 will be charged to the patient.

**Policy after Your First Visit.** On a patient’s second visit to the Health Center, it is required that the person bring documentation of his/her income and dependents. *If documentation is not provided, the patient will be charged a provider visit fee of \$120.* A sliding scale fee for the physician consultation fee between \$45 and \$120 will be determined based on verified income and number of dependents (see below).

**Health Center Charges.** Patients may determine their sliding scale fee for a provider visit with the matrix provided below. All other Health Center charges, e.g., laboratory tests, clinical procedures, record requests, will be charged separately (the fees for these services are available at the Front Desk).

**Acceptable Forms of Income Documentation. (These documents must be provided annually.)**

ONE of the following must be provided:

1. Three Pay Stubs
2. Internal Revenue Services (IRS) Tax Return
3. State Department of Taxation Tax Returns

Fee Due:	Group 1		Group 2		Group 3		Group 4		Group 5
	\$45.00		\$50.00		\$55.00		\$80.00		\$120.00
Percent of FPL	100% to 125%		126% to 150%		151% to 199%		200% to 299%		>300%
Family Size									
1	10,830	13,538	13,539	16,245	16,246	21,660	21,661	32,489	32,490
2	14,570	18,213	18,214	21,855	21,856	29,140	29,141	43,709	43,710
3	18,310	22,888	22,889	27,465	27,466	36,620	36,621	54,929	54,930
4	22,050	27,563	27,564	33,075	33,076	44,100	44,101	66,149	66,150
5	25,790	32,238	32,239	38,685	38,686	51,580	51,581	77,369	77,370
6	29,530	36,913	36,914	44,295	44,296	59,060	59,061	88,589	88,590
7	33,270	41,588	41,589	49,905	49,906	66,540	66,541	99,809	99,810
8	37,010	46,263	46,264	55,515	55,516	74,020	74,021	111,029	111,030

\*FPL = Federal Poverty Level

I have read and understood Greater Prince William Community Health Center’s Sliding Scale Policy and agree to comply with it. I understand the fees and requirements may change.

Patient’s signature: \_\_\_\_\_ Date: \_\_\_\_\_