

# Enterprise Valley Medical Clinic Eligibility and Sliding Fee 2018

Medical Slide	A	B	C	D	E
Annual Income	0%-100% Poverty	101%-133% Poverty	134%-150% Poverty	151%-200% Poverty	Over 200% Poverty
Family Size	Up to \$25	Minimum \$40.00	Minimum \$55.00	Minimum \$70.00	No Discount if over
1	\$12,140	\$16,146	\$18,210	\$24,280	Over \$24,280
2	\$16,460	\$21,892	\$24,690	\$32,920	Over \$32,920
3	\$20,780	\$27,637	\$31,170	\$41,560	Over \$41,560
4	\$25,100	\$33,383	\$37,650	\$50,200	Over \$50,200
5	\$29,420	\$39,129	\$44,130	\$58,840	Over \$58,840
6	\$33,740	\$44,874	\$50,610	\$67,480	Over \$67,480
7	\$38,062	\$50,622	\$57,093	\$76,124	Over \$76,124
8	\$42,380	\$56,365	\$63,570	\$84,760	Over \$84,760

\*\* For Additional Family Members add \$4,320 per Member

### \*\*\*Payment due at time of Service\*\*\*

Please Initial that you have read and are verifying that you understand the following:

**Labs will have additional charges as follows:**

- \_\_\_\_\_ \*Slide A-D: There will be an additional charge of \$25 for each lab over \$100
- \_\_\_\_\_ \*Additional labs will need to be paid before labs are drawn.
- \_\_\_\_\_ Durable Medical Supplies will have no slide. (example: Knee Brace, Wrist Brace, etc.)
- \_\_\_\_\_ \*Medical supplies will need to be paid **before** they are given out.

**Office Visits (for all slides) include:**

- \_\_\_\_\_ \*Office visit, strep tests, any injectables, X-rays, urinalysis, basic labs, A1-C, and Prottime
- \_\_\_\_\_ All Physicals (for all slides) are as follows - WCC, Women with NO PAPs, CDL, Sports, Scouts \$35
- \_\_\_\_\_ Women's Pap's (for all slides) are \$50-this will include pap and all basic labs.
- \_\_\_\_\_ Behavioral Health visits are according to EVMC Slide.
- \_\_\_\_\_ Dental Vouchers will be according to EVMC Slide.
- \_\_\_\_\_ OB Visits (for all slides ) -1st visit is \$100 and there after it will be \$50 per visit.

**\*\*\*I hereby certify that all the above information is true and accurate to the best of my knowledge. I also understand that this information will be kept confidential and used only by EVMC for fee adjustment purpose.\*\*\***

Please include members in the household that are supported by this

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\*\*\*Office Use Only\*\*\***

\_\_\_\_\_  
Approved:

\_\_\_\_\_  
Date: