

# Enterprise Valley Medical Clinic Eligibility and Sliding Fee 2021

<b>Medical &amp; Dental Slide</b>	A-\$25	B-\$40	C-\$55	D-\$70	E-100%
<b>Mental Health Slide</b>	A-\$25	B-\$30	C-\$35	D-\$40	E-100%
<b>Lab Slide</b>	A-\$25	B-\$30	C-\$35	D-\$40	E-100%
<b>Sports Physical Only!!</b>	A-\$25	B-\$30	C-\$35	D-\$40	E-Max is \$45
<b>Annual Income and Family Size</b>	0%-100% Poverty	101%-133% Poverty	134%-150% Poverty	151%-200% Poverty	Over 200% Poverty
1	\$12,880	\$17,130	\$19,320	\$25,760	Over \$25,760
2	\$17,420	\$23,169	\$26,130	\$34,840	Over \$34,840
3	\$21,960	\$29,207	\$32,940	\$43,920	Over \$43,920
4	\$26,500	\$35,245	\$39,750	\$53,000	Over \$53,000
5	\$31,040	\$41,283	\$46,560	\$62,080	Over \$62,080
6	\$35,580	\$47,321	\$53,370	\$71,160	Over \$71,160
7	\$40,120	\$53,360	\$60,180	\$80,240	Over \$80,240
8	\$44,660	\$59,398	\$66,990	\$89,320	Over \$89,320

\*\* For Additional Family Members add \$4,540 per Member

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

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

	<b>Labs will have additional charges as follows:</b>		
_____	*Each lab over \$100 will be paid according to Lab Slide		
_____	*Additional labs will need to be paid <b>before</b> labs are drawn.		
_____	Durable Medical Supplies will have no slide. (example: Knee Brace, Wrist Brace, etc.)		
_____	*Medical supplies will need to be paid <b>before</b> they are given out.		
	<b>Office Visits (for all slides) include:</b>		
_____	***Office visit, strep tests, any injectables, X-rays, urinalysis, basic labs, A1-C, and Protime		
_____	Behavioral Health visits are according to EVMC Mental Health Slide.		
_____	Dental Vouchers will be according to EVMC Medical Slide.		
_____	Sports Physical will be according to EVMC Slide with Maximum being \$45		

**\*\*\*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 income: \_\_\_\_\_

_____	_____	_____	_____	_____	_____	_____	_____

<b>Signature</b>	<b>Date</b>
_____	_____
<b>***Office Use Only***</b>	
_____	_____
<b>Approved:</b>	<b>Date:</b>
_____	_____