

# Enterprise Valley Medical Clinic Eligibility and Sliding Fee 2023

<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	\$14,580	\$19,391	\$21,870	\$29,160	Over \$29161
2	\$19,720	\$26,228	\$29,580	\$39,440	Over \$39441
3	\$24,860	\$33,064	\$37,290	\$49,720	Over \$49721
4	\$30,000	\$39,900	\$45,000	\$60,000	Over \$60001
5	\$35,140	\$46,736	\$52,710	\$70,280	Over \$70281
6	\$40,280	\$53,572	\$60,420	\$80,560	Over \$80561
7	\$45,420	\$60,409	\$68,130	\$90,840	Over \$90841
8	\$50,560	\$67,245	\$75,840	\$101,120	Over \$101121

\*\* For Additional Family Members add \$5,140 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:**

- \_\_\_\_\_ \*Each lab over \$100 will be paid according to Lab Slide
- \_\_\_\_\_ \*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
- \_\_\_\_\_ 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

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

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