Enterprise Valley Medical Clinic Eligibility and Sliding Fee 2024

Medical & Dental Slide	A-$25	B-$40	C-$55	D-$70	E-100%
Mental Health Slide	A-$25	B-$30	C-$35	D-$40	E-100%
Each Lab over $100	A-$25	B-$30	C-$35	D-$40	E-100%
Sports Physical Only!!	A-$25	B-$30	C-$35	D-$40	E-Max is $45
Annual Income and Family Size	0%-100% Poverty	101%-133% Poverty	134%-150% Poverty	151%-200% Poverty	Over 200% Poverty
1	$15,060	$20,030	$22,590	$30,120	Over $30121
2	$20,440	$27,185	$30,660	$40,880	Over $40881
3	$25,820	$34,341	$38,730	$51,640	Over $51641
4	$31,200	$41,496	$46,800	$62,400	Over $62401
5	$36,580	$48,651	$54,870	$73,160	Over $73161
6	$41,960	$55,807	$62,940	$83,920	Over $83921
7	$47,340	$62,962	$71,010	$94,680	Over $94681
8	$52,720	$70,118	$79,080	$105,440	Over $105441

** For Additonal Family Members add $5,380 per Member

Payment due at time of Service

Please Initial that you have read and are verifing 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, urinalyis, 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:_____

_____

_____

_____   _____

Signature   **Date**

Office Use Only

_____   _____

Approved: **Date:**