Enterprise Valley Medical Clinic Eligibility and Sliding Fee 2020

Medical & Dental Slide	A-\$25	B-\$40	<i>C</i> -\$55	D-\$70	E-100%
Mental Health Slide	A-\$25	B-\$30	C-\$35	D-\$40	E-100%
Lab Slide	A-\$25	B-\$30	<i>C-</i> \$35	D-\$40	E-100%
Annual Income and Family					
Size	0%-100% Poverty	101%-133% Poverty	134%-150% Poverty	151%-200% Poverty	Over 200% Poverty
1	\$12,760	\$16,971	\$19,140	\$25,520	Over \$25,521
2	\$17,240	\$22,929	\$25,860	\$34,480	Over \$34,481
3	\$21,720	\$28,888	\$32,580	\$43,440	Over \$43,441
4	\$26,200	\$34,846	\$39,300	\$52,400	Over \$52,401
5	\$30,680	\$40,804	\$46,020	\$61,360	Over \$61,361
6	\$35,160	\$46,763	\$52,740	\$70,320	Over \$70,321
7 .	\$39,640	\$52,721	\$59,460	\$79,280	Over \$79,281
8	\$44,120	\$58,680	\$66,180	\$88,240	Over \$88,241

^{**} For Additional Family Members add \$4,480 per Member

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	Payment due at	time of Service										
Please Initial that you h	▼	that you understand the fo	ollowina:									
•	dditional charges as follow	•										
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*Each lab over \$100 will be paid according to Lab Slide *Additional labs will need to be paid <u>before</u> 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						
						Dental Vouchers will be according to EVMC Medical Slide.						
•	erstand that this inform	ation is true and accurate ation will be kept confide	•									
Please include members in tl	ne household that are suppor	ted by this income:	·									
Signature		Date										
Office Use Only												
Approved:		Date:										