

Sliding Fee Discount Schedule for Primary Health Care Services

Community Alliance Health Partners accepts Medicaid, Medicare, most commercial insurance, and self-pay for the primary care and dental services it provides.

No individual will be denied health care services by Community Alliance Health Partners due to an inability to pay for such services based on federal poverty guidelines.

All individuals receiving health care services from Community Alliance Health Partners are eligible to apply for CAHP's sliding fee scale. The sliding fee schedule utilizes federal poverty guidelines to ascertain eligibility and is based solely on family size and income. Persons that are approved for the sliding fee scale are eligible for discounted office visit fees as outlined on Table 1 below. No sliding fee discounts will be applied for individuals and families with annual incomes above 200% of the federal poverty guidelines.

In order to qualify for discounted fees, you will need to complete a financial eligibility worksheet at the time of your visit and provide proof of income as applicable and within the timeframe requested. Individuals unwilling to provide any level of documentation are not eligible to participate in the Sliding Fee Discount Program and will be required to pay 100% of their charges until such time as they provide documentation. Insured clients, including those receiving Medicaid and Medicare Part B supplemental and Medicare Advantage Plans, must agree to access their coverage to the fullest extent available. Eligibility for the sliding fee discount schedule will be re-verified on at least an annual basis and whenever we are notified of a significant change in income or household status.

Payment of fees and co-pays is due at the time of service.

Community Alliance Health Partners' care coordination staff are available to help you enroll in Medicaid or our Sliding Fee Scale program, and they can explore if you may qualify for any other financial assistance or grant funding. Please let us know if we can be of assistance.

Bạn có thể hỏi lễ tân để biết thông tin về chương trình Giảm giá theo mức phí bằng tiếng Việt.

يمكنك الحصول على معلومات حول برنامج خصم الرسوم المتردجة لدينا باللغة العربية عن طريق سؤال موظف الاستقبال.

Agahiyên li ser bernameya me ya Sliding Fee Discount bi Kurdî ji resepsiyonîstê peyda dibin.

Community Alliance Health Partners | Table 1

Effective: 7/1/2025

	Poverty Level	0-100%	>100%-125%	>125%-175%	>175%-200%	>200%+
Household Size	Fee per family member, per visit	Nominal Fee				
		\$20	\$30	\$40	\$50	Full Fee
1	Annual (up to)	15,650.00	19,562.50	27,387.50	31,300.00	31,300.01
	<i>Monthly</i>	1,304.17	1,630.21	2,282.29	2,608.33	2,608.34
	<i>Weekly</i>	300.96	376.20	526.68	601.92	601.93
2	Annual (up to)	21,150.00	26,437.50	37,012.50	42,300.00	42,300.01
	<i>Monthly</i>	1,762.50	2,203.13	3,084.38	3,525.00	3,525.01
	<i>Weekly</i>	406.73	508.41	711.78	813.46	813.47
3	Annual (up to)	26,650.00	33,312.50	46,637.50	53,300.00	53,300.01
	<i>Monthly</i>	2,220.83	2,776.04	3,886.46	4,441.67	4,441.68
	<i>Weekly</i>	512.50	640.63	896.88	1,025.00	1,025.01
4	Annual (up to)	32,150.00	40,187.50	56,262.50	64,300.00	64,300.01
	<i>Monthly</i>	2,679.17	3,348.96	4,688.54	5,358.33	5,358.34
	<i>Weekly</i>	618.27	772.84	1,081.97	1,236.54	1,236.55
5	Annual (up to)	37,650.00	47,062.50	65,887.50	75,300.00	75,300.01
	<i>Monthly</i>	3,137.50	3,921.88	5,490.63	6,275.00	6,275.01
	<i>Weekly</i>	724.04	905.05	1,267.07	1,448.08	1,448.09
6	Annual (up to)	43,150.00	53,937.50	75,512.50	86,300.00	86,300.01
	<i>Monthly</i>	3,595.83	4,494.79	6,292.71	7,191.67	7,191.68
	<i>Weekly</i>	829.81	1,037.26	1,452.16	1,659.62	1,659.63
7	Annual (up to)	48,650.00	60,812.50	85,137.50	97,300.00	97,300.01
	<i>Monthly</i>	4,054.17	5,067.71	7,094.79	8,108.33	8,108.34
	<i>Weekly</i>	935.58	1,169.47	1,637.26	1,871.15	1,871.16
8	Annual (up to)	54,150.00	67,687.50	94,762.50	108,300.00	108,300.01
	<i>Monthly</i>	4,512.50	5,640.63	7,896.88	9,025.00	9,025.01
	<i>Weekly</i>	1,041.35	1,301.68	1,822.36	2,082.69	2,082.70
Each additional person	Annual (up to)	5,500.00	6,875.00	9,625.00	11,000.00	11,000.01
	<i>Monthly</i>	458.33	572.92	802.08	916.67	916.68
	<i>Weekly</i>	105.77	132.21	185.10	211.54	211.55

Tests and Procedures:

The nominal fee outlined above is for the office visit only and is due at the time of your visit. Additional charges may apply for tests and procedures such as lab work and x-rays. When eligible, these charges may be assessed as a percentage of standard charge based on household size and income as above.

Per Test/Procedure	25% of standard charge	45% of standard charge	65% of standard charge	85% of standard charge	100% of standard charge
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