2023 Poverty Guidelines: 48 Contiguous States (all states except Alaska and Hawaii)

PER YEAR

Household/ Family Size	25%	50%	75%	100%	125%	150%	175%	200%
1	$3,645	$7,290	$10,935	$14,580	$18,225	$21,870	$25,515	$29,160
2	$4,930	$9,860	$14,790	$19,720	$24,650	$29,580	$34,510	$39,440
3	$6,215	$12,430	$18,645	$24,860	$31,075	$37,290	$43,505	$49,720
4	$7,500	$15,000	$22,500	$30,000	$37,500	$45,000	$52,500	$60,000
5	$8,785	$17,570	$26,355	$35,140	$43,925	$52,710	$61,495	$70,280
6	$10,070	$20,140	$30,210	$40,280	$50,350	$60,420	$70,490	$80,560
7	$11,355	$22,710	$34,065	$45,420	$56,775	$68,130	$79,485	$90,840
8	$12,640	$25,280	$37,920	$50,560	$63,200	$75,840	$88,480	$101,120
9	$13,925	$27,850	$41,775	$55,700	$69,625	$83,550	$97,475	$111,400
10	$15,210	$30,420	$45,630	$60,840	$76,050	$91,260	$106,470	$121,680
11	$16,495	$32,990	$49,485	$65,980	$82,475	$98,970	$115,465	$131,960
12	$17,780	$35,560	$53,340	$71,120	$88,900	$106,680	$124,460	$142,240
13	$19,065	$38,130	$57,195	$76,260	$95,325	$114,390	$133,455	$152,520
14	$20,350	$40,700	$61,050	$81,400	$101,750	$122,100	$142,450	$162,800
Patient Payment Percentage (See NOTE)	0%	0%	0%	**$15**	20%	40%	60%	80%

PER MONTH

Household/ Family Size	25%	50%	75%	100%	125%	150%	175%	200%
1	$304	$608	$911	$1,215	$1,519	$1,823	$2,126	$2,430
2	$411	$822	$1,233	$1,643	$2,054	$2,465	$2,876	$3,287
3	$518	$1,036	$1,554	$2,072	$2,590	$3,108	$3,625	$4,143
4	$625	$1,250	$1,875	$2,500	$3,125	$3,750	$4,375	$5,000
5	$732	$1,464	$2,196	$2,928	$3,660	$4,393	$5,125	$5,857
6	$839	$1,678	$2,518	$3,357	$4,196	$5,035	$5,874	$6,713
7	$946	$1,893	$2,839	$3,785	$4,731	$5,678	$6,624	$7,570
8	$1,053	$2,107	$3,160	$4,213	$5,267	$6,320	$7,373	$8,427
9	$1,160	$2,321	$3,481	$4,642	$5,802	$6,963	$8,123	$9,283
10	$1,268	$2,535	$3,803	$5,070	$6,338	$7,605	$8,873	$10,140
11	$1,375	$2,749	$4,124	$5,498	$6,873	$8,248	$9,622	$10,997
12	$1,482	$2,963	$4,445	$5,927	$7,408	$8,890	$10,372	$11,853
13	$1,589	$3,178	$4,766	$6,355	$7,944	$9,533	$11,121	$12,710
14	$1,696	$3,392	$5,088	$6,783	$8,479	$10,175	$11,871	$13,567
Patient Payment Percentage (See NOTE)	0%	0%	0%	**$15**	20%	40%	60%	80%

NOTE - TAKE TOTAL CHARGES AND MULTIPLY BY THIS PERCENTAGE

CEDAR POINT HEALTH

SLIDING FEE SCALE APPLICATION

POLICY: It is the policy of Cedar Point Health (CPH) to provide essential medical services regardless of the patient's ability to pay. Discounts are offered based upon household income and household size. A sliding fee schedule is used to calculate the basic discount and is updated each year using the federal poverty guidelines. Once approved, the discount will be honored for one year, after which the patient must reapply.

DISCOUNT APPLICATION PROCESS: A completed application including required documentation of the home address,

Please complete the following information and return it to the front desk to determine if you or members of your family are eligible. This sliding fee scale will apply to all services received at this clinic or any other CPH clinic. **Any specimen taken and sent out for processing by an outside laboratory or an x-ray interpretation by a consulting radiologist will be billed separately and not covered by this application.**

Patient/ Guar Name			
Street Address			
City	State	Zip	Phone
Email			

Please list all household members, including those under age 18.

	Name	Date of Birth
SELF		
OTHER		
OTHER		
OTHER		

Source	Self	Other	Total
Gross wages, salaries, tips, etc.			
Income from business and self-employment			
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, veterans' payments, survivor benefits, pension, or retirement income			
Interest; dividends; royalties; income from rental properties, estates, and trusts; alimony; child support; assistance from outside the household; and other miscellaneous sources			
TOTAL INCOME			

I certify that the family size and income information shown above is correct.

Name (Print)

Signature Date

****

OFFICE

Patient Name**:**_____

Approved Discount: _____

Approved By: _____

Date Approved : _____

Verification Checklist	Yes	No
Identification/Address: Driver's license, utility bill, employment identification, or other		
Income: Prior year tax return, three most recent pay stubs, or other		

Self-declaration of income may also be used.