

2024 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	3,765	7,530	11,295	15,060	18,825	22,590	26,355	30,120
2	5,011	10,022	15,033	20,044	25,055	30,066	35,077	40,088
3	6,455	12,910	19,365	25,820	32,275	38,730	45,185	51,640
4	7,800	15,600	23,400	31,200	39,000	46,800	54,600	62,400
5	9,145	18,290	27,435	36,580	45,725	54,870	64,015	73,160
6	10,490	20,980	31,470	41,960	52,450	62,940	73,430	83,920
7	11,835	23,670	35,505	47,340	59,175	71,010	82,845	94,680
8	13,180	26,360	39,540	52,720	65,900	79,080	92,260	105,440
Patient Percentage	0%	0%	0%	\$15.00	20%	40%	60%	80%

PER MONTH

Household/ Family Size	25%	50%	75%	100%	125%	150%	175%	200%
1	313.75	627.50	941.25	1,255.00	1,568.75	1,882.50	2,196.25	2,510.00
2	417.58	835.17	1,252.75	1,670.33	2,087.92	2,505.50	2,923.08	3,340.67
3	537.92	1,075.83	1,613.75	2,151.67	2,689.58	3,227.50	3,765.42	4,303.33
4	650.00	1,300.00	1,950.00	2,600.00	3,250.00	3,900.00	4,550.00	5,200.00
5	762.08	1,524.17	2,286.25	3,048.33	3,810.42	4,572.50	5,334.58	6,096.67
6	874.17	1,748.33	2,622.50	3,496.67	4,370.83	5,245.00	6,119.17	6,993.33
7	986.25	1,972.50	2,958.75	3,945.00	4,931.25	5,917.50	6,903.75	7,890.00
8	1,098.33	2,196.67	3,295.00	4,393.33	5,491.67	6,590.00	7,688.33	8,786.67
Patient Percentage	0%	0%	0%	\$15.00	20%	40%	60%	80%



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



Cedar Point Health's policy is to not waive, in whole in part, amounts due from patients, including but not limited to co-pays or deductibles, except for reasons of financial hardship. If any Practice provider determines that any amount owed by a patient should be waived, the provider shall follow the protocols set forth below.

1. Any waiver of co-payments, co-insurance or deductibles patients who are Federal healthcare program beneficiaries will be reviewed on a case-by-case basis and will be based on financial need.
2. The Practice will document all waivers of any co-payment, co-insurance, deductible or other out-of-pocket expense, which will be signed by the patient. Documentation of financial hardship may include copies of the patient's financial statements, tax returns, or a reasonably detailed written description of the hardship included in the waiver.
3. In accordance with AMA guidance, a patient's inability to make a co-payment, deductible payment or other payment will not interfere with needed care for the patient.
4. The Practice and its providers and staff members acknowledge that failure to conform to the provisions of this Policy could result in liability under the False Claims Act and/or the Anti-Kickback Statute.