



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			
<b>TOTAL INCOME</b>			

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

Name (Print)

Signature

Date

**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
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
<b>Patient Percentage</b>	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	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
<b>Patient Percentage</b>	0%	0%	0%	\$15.00	20%	40%	60%	80%