



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 insured status or 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: Please complete the following information and return it to the front desk or email to the billing department at slidingfee@cedarpointhealth.com 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 primary care 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/Guardian 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			
TOTAL INCOME			

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

Name (Print)	
Signature	Date

2025 Poverty Guidelines: 48 Contiguous States (all states except Alaska and Hawaii)

PER YEAR

Poverty Level

Household/ Family Size	25%	50%	75%	100%	125%	150%	175%	200%
1	3,913	7,825	11,738	15,650	19,563	23,475	27,388	31,300
2	5,288	10,575	15,863	21,150	26,438	31,725	37,013	42,300
3	6,663	13,325	19,988	26,650	33,313	39,975	46,638	53,300
4	8,038	16,075	24,113	32,150	40,188	48,225	56,263	64,300
5	9,413	18,825	28,238	37,650	47,063	56,475	65,888	75,300
6	10,788	21,575	32,363	43,150	53,938	64,725	75,513	86,300
7	12,163	24,325	36,488	48,650	60,813	72,975	85,138	97,300
8	13,538	27,075	40,613	54,150	67,688	81,225	94,763	108,300
Patient Responsibility	\$5	\$5	\$10	\$15.00	20%	40%	60%	80%

PER MONTH

Poverty Level

Household/ Family Size	25%	50%	75%	100%	125%	150%	175%	200%
1	326.04	652.09	978.13	1,304.17	1,630.21	1,956.26	2,282.30	2,608.34
2	440.63	881.25	1,321.88	1,762.50	2,203.13	2,643.75	3,084.38	3,525.00
3	555.21	1,110.42	1,665.62	2,220.83	2,776.04	3,331.25	3,886.45	4,441.66
4	669.79	1,339.59	2,009.38	2,679.17	3,348.96	4,018.76	4,688.55	5,358.34
5	784.38	1,568.75	2,353.13	3,137.50	3,921.88	4,706.25	5,490.63	6,275.00
6	898.96	1,797.92	2,696.87	3,595.83	4,494.79	5,393.75	6,292.70	7,191.66
7	1,013.54	2,027.09	3,040.63	4,054.17	5,067.71	6,081.26	7,094.80	8,108.34
8	1,128.13	2,256.25	3,384.38	4,512.50	5,640.63	6,768.75	7,896.88	9,025.00
Patient Responsibility	\$5	\$5	\$10	\$15.00	20%	40%	60%	80%

update 2/5/2025