



# DESERT SAGE HEALTH CENTERS

Our Sliding Fee Discount Program is available to all patients who qualify based on their annual household income and family size even if they have insurance. Fees, co-pays, co-insurance, and deductibles are eligible for a sliding fee discount, inquire at check-in if you would like to apply.

## Sliding Fee Discount Schedule

Based on the 2020 Federal Poverty Guidelines (FPG) | All Community Health Center Eligible Patients

Patient Cost					
	Slide A 0-100% FPG	Slide B 101-135% FPG	Slide C 136-150% FPG	Slide D 151-200% FPG	Over 200% FPG
Medical	Patient Pays \$20.00 Nominal Fee <sup>1</sup>	Patient Pays \$40.00 Office Visit <sup>1</sup>	Patient Pays \$80.00 Office Visit <sup>1</sup>	Patient Pays \$100.00 Office Visit <sup>1</sup>	No Discount
Behavioral Health	Patient Pays \$5.00 Nominal Fee	Patient Pays \$10.00 Nominal Fee	Patient Pays \$15.00 Nominal Fee	Patient Pays \$20.00 Nominal Fee	No Discount
Dental Preventative & Basic	Patient Pays \$35.00 Nominal Fee <sup>1</sup>	Patient Pays 25% Office Visit <sup>1</sup>	Patient Pays 50% Office Visit <sup>1</sup>	Patient Pays 75% Office Visit <sup>1</sup>	No Discount
Dental Elective	Patient Pays \$45.00 Nominal Fee <sup>1</sup>	Patient Pays 20% Office Visit <sup>1</sup>	Patient Pays 40% Office Visit <sup>1</sup>	Patient Pays 60% Office Visit <sup>1</sup>	No Discount
Family Size	Annual Income				
1	\$0 - \$12,760	\$12,761 - \$17,226	\$17,227 - \$19,140	\$19,141 - \$25,520	\$25,521 - ↑
2	\$0 - \$17,240	\$17,241 - \$23,274	\$23,275 - \$25,860	\$25,861 - \$34,480	\$34,481 - ↑
3	\$0 - \$21,720	\$21,721 - \$29,322	\$29,323 - \$32,580	\$32,581 - \$43,440	\$43,441 - ↑
4	\$0 - \$26,200	\$26,201 - \$35,370	\$35,371 - \$39,300	\$39,301 - \$52,400	\$52,401 - ↑
5	\$0 - \$30,680	\$30,681 - \$41,418	\$41,419 - \$46,020	\$46,021 - \$61,360	\$61,361 - ↑
6	\$0 - \$35,160	\$35,161 - \$47,466	\$47,467 - \$52,740	\$52,741 - \$70,320	\$70,321 - ↑
7	\$0 - \$39,640	\$39,641 - \$53,514	\$53,515 - \$59,460	\$59,461 - \$79,280	\$79,281 - ↑
8	\$0 - \$44,120	\$44,121 - \$59,562	\$59,563 - \$66,180	\$66,181 - \$88,240	\$88,241 - ↑

\* For family units with more than 8 members, add \$4,480 for each additional member. Example: Family of 9 FPG = \$44,120 + \$4,480 = \$48,600.

\* When applicable, for those at or below 200% FPG, labs may be billed directly to the patient by TVL at discounted rates.

<sup>1</sup>Cost of some supplies are not included in the Slide Program and additional cost will be applied. Examples include, but are not limited to:  
Injections, Lab work, Durable Medical Equipment, or Dental Crown.

Effective 02/2020