Sliding Fee Scale Application

(For Patients who do not have insurance)

Lake Regional Clinic - _____

It is the policy of this Lake Regional Clinic to provide essential services regardless of the patient's ability to pay. Discounts are offered based upon family income and size. Please complete the following application and return it to the front desk to determine if you, or members of your family, are eligible for a discount.

The discount will apply to all services received at LRPG NHSC clinics. Services which are purchased from outside agencies, including reference laboratory testing, x-ray interpretation by a consulting radiologist, and any other services, will not be discounted.

In the hope that your financial situation improves, **discounts apply only to services received for six months from the date application is approved.** Future services will require you to reapply. Please inquire at the front desk if you have any questions.

Number of related person(s) living in your household, for whom you are financially responsible, including yourself;_____.

Total Household Income:

	Household Income	
	Annual Income	Monthly Income
Self	$	$
Dependent Children Under age 18	$	$
Other Household	$	$
Total	$	$

I certify that the family size and income information shown above is correct. I understand that I must provide **all sources of income** including gross wages, tips, social security, disability, pensions, annuities, veteran's payments, net business or self-employment, alimony, child support, military, unemployment and public aid, including tax returns and at least three pay stubs to verify income level.

_____

Patient Name **(Print)** Date of Birth **Signature**/Date

_____

Approved by: (Clinic Manager) Date Expiration Date

LRHS Financial Assistance Gross Income Guidelines

2022 FEDERAL POVERTY GUIDELINE MATRIX								
Family Size	**100%**	**200%**	**225%**	**250%**	**275%**	**300%**	**350%**	**400%**
1	$ 13,590.00	$ 27,180.00	$ 30,577.50	$ 33,975.00	$ 37,372.50	$ 40,770.00	$ 47,565.00	$ 54,360.00
2	$ 18,310.00	$ 36,620.00	$ 41,197.50	$ 45,775.00	$ 50,352.50	$ 54,930.00	$ 64,085.00	$ 73,240.00
3	$ 23,030.00	$ 46,060.00	$ 51,817.50	$ 57,575.00	$ 63,332.50	$ 69,090.00	$ 80,605.00	$ 92,120.00
4	$ 27,750.00	$ 55,500.00	$ 62,437.50	$ 69,375.00	$ 76,312.50	$ 83,250.00	$ 97,125.00	$111,000.00
5	$ 32,470.00	$ 64,940.00	$ 73,057.50	$ 81,175.00	$ 89,292.50	$ 97,410.00	$113,645.00	$129,880.00
6	$ 37,190.00	$ 74,380.00	$ 83,677.50	$ 92,975.00	$102,272.50	$111,570.00	$130,165.00	$148,760.00
7	$ 41,910.00	$ 83,820.00	$ 94,297.50	$104,775.00	$115,252.50	$125,730.00	$146,685.00	$167,640.00
8	$ 46,630.00	$ 93,260.00	$104,917.50	$116,575.00	$128,232.50	$139,890.00	$163,205.00	$186,520.00
Each Add'l	$ 4,720.00	$ 9,440.00	$ 10,620.00	$ 11,800.00	$ 12,980.00	$ 14,160.00	$ 16,520.00	$ 18,880.00
LRHS DISCOUNT	**100%**	**100%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**