



St. Luke Community Healthcare

The **HEART** of the Mission Valley

Sliding Fee Discount Application

It is the policy of St. Luke Community Healthcare to provide essential services regardless of the patient's ability to pay. Discounts for people without health insurance are offered based on family size and annual income. Please complete the following information and return to the front desk to determine if you or members of your family are eligible for a discount.

The discount will apply to essential services received at this clinic, but not those services or equipment that are purchased from outside, including reference laboratory testing, drugs, X-Ray interpretation by a consulting radiologist and other such services.

NAME OF HEAD OF HOUSEHOLD _____

STREET _____

CITY _____ STATE _____ ZIP _____ PHONE _____

PLACE OF EMPLOYMENT _____

Please list yourself, spouse and dependents under age 18

Name	Date of Birth	Name	Date of Birth
Self		Dependent	
Spouse		Dependent	
Dependent		Dependent	
Dependent		Dependent	

Annual Household Income

Source of Income	Self	Spouse	Other	Total
Gross wages, salaries, tips, etc.				
Income from business, self-employment, and dependents				
Unemployment compensation, workers' compensation, Social Security, public assistance, veterans' payments, survivor benefits, retirement income, child support and other miscellaneous sources				
Total Income				

I certify that the family size and income information shown above is correct. I authorize any financial institution, government agency, or like entity, as well as St. Luke, its respective agents and employees, to release any information necessary to verify the contents of this application, and further release all parties from any and all liability arising out of their reasonable efforts to do the same. The undersigned hereby authorizes St. Luke to investigate any references listed or statements or other data obtained from me or from any other person pertaining to my credit and financial responsibility and to obtain a consumer credit report to validate this application.

Name (Print) _____

Signature _____ Date _____

DEFINITIONS:

Household: A household consists of all persons who occupy the same housing unit as the applicant, and would be recognized as in the same household under the Federal income poverty guidelines. However, if a responsible party is an adult living in a residence with relative (other than a spouse) who are not economically dependent on the responsible party (i.e., parents of an adult child living at home) or with other adults, “household size” for the purpose of determining eligibility of financial assistance excludes the non-economically dependent relatives and any other adults who may be living in the same residence.

Income: Income is the total annual cash receipts before taxes from all sources which includes, but is not limited to, wages and salaries before deductions, net receipts from non-farm self-employment income, net receipts from farm self-employment, social security payments, railroad retirement, unemployment compensations, workers’ compensation benefits, veteran’s payments, public assistance payments, Supplemental Social Security Income, Social Security Disability Income, alimony, child support, military allotments, private pensions, government pensions, annuity payments, college or university scholarships, grants, fellowships, dividends, interest, net rental income, net royalties, periodic receipts from estates or trusts, survivor dependents benefits, contract payments, and net gambling or lottery winnings.

St. Luke Community Healthcare												
Patient Assistance Guidelines Table for Self Pay Sliding Fee Discount Schedule effective 04/01/22												
Key:												
Below 150% of Federal Poverty Level (FPL), patient pays at a minimum \$30 fee.												
Between 151% and 200% of FPL, patient pays 25% of charge(s). For example, given a \$124 office visit, the patient would pay \$30.												
Between 201% and 250% of FPL, patient pays 50% of charge(s). For example, given a \$124 office visit, the patient would pay \$62.												
Between 251% and 300% of FPL, patient pays 75% of charge(s). For example, given a \$124 office visit, the patient would pay \$93.												
Above 300% of FPL, patient pays full amount of charge(s). For example, given a \$124 office visit, the patient would pay \$124.												
*Query patient(s) for Medicaid presumptive eligibility if below 150% of FPL.												
	100% of Federal Poverty Level (FPL)		101% - 150% of Federal Poverty Level (FPL)		151% - 200% of Federal Poverty Level (FPL)		201% = 250% of Federal Poverty Level (FPL)		251% - 300% of Federal Poverty Level (FPL)		> 300% of Federal Poverty Level (FPL)	
	Patient pays \$30		Patient pays \$30		Write Off 75% Patient pays 25% = \$30		Write Off 50% Patient pays 50% = \$62		Write Off 25% Patient pays 75% = \$93		Patient pays full amount of charge(s)	
Family Size	Above	Below	Above	Below	Above	Below	Above	Below	Above	Below	Above	Below
1	0	13,590	13,591	20,385	20,386	27,180	27,181	33,975	33,976	40,770	40,771	
2	0	18,310	18,311	27,465	27,466	36,620	36,621	45,775	45,776	54,930	54,931	
3	0	23,030	23,031	34,545	34,546	46,060	46,061	57,575	57,576	69,090	69,091	
4	0	27,750	27,751	41,625	41,626	55,500	55,501	69,375	69,376	83,250	83,251	
5	0	32,470	32,471	48,705	48,706	64,940	64,941	81,175	81,176	97,410	97,411	
6	0	37,190	37,191	55,785	55,786	74,380	74,381	92,975	92,976	111,570	111,571	
7	0	41,910	41,911	62,865	62,866	83,820	83,821	104,775	104,776	125,730	125,731	
8	0	46,630	46,631	69,945	69,946	93,260	93,261	116,575	116,576	139,890	139,891	