



## PATIENT PAYMENT NOTICE: PRIMARY MEDICAL CARE & BEHAVIORAL HEALTH

**July 2018**

*CrescentCare is required to collect all copays, deductibles, and sliding fee payments where applicable.*

CrescentCare offers a sliding fee discount to patients whose incomes fall at or below 200% of the Federal Poverty Guidelines. Each year the federal government establishes income levels that qualify patients to be eligible to pay reduced costs for services. Sliding fee means that costs change according to the patient's income, lack of income, or ability to pay. Patients that qualify are eligible for a sliding discount on fees for all services provided at CrescentCare.

If you have insurance, we will charge you according to the guidelines of your insurance plan (for copays and deductibles). All labs will be billed directly to your insurance plan by the lab company. The lab company will then bill you directly for any outstanding balance. If you do not want to bill your insurance for services we can still see you. You will be considered self-pay and are responsible for your charges, including lab charges. Please ask our staff if you would like to work out a payment plan.

2018 Federal Poverty Guidelines & CrescentCare Sliding Fee Discount for Medical					
Persons in Household	Group A Family Annual Income: at or below 100% FPL	Group B Family Annual Income: 101% up to 150% FPL	Group C Family Annual Income: 151% up to 175% FPL	Group D Family Annual Income: 176% up to 200% FPL	Group E Family Annual Income: 201% FPL and above
1	12,140	18,210	21,245	24,280	
2	16,460	24,690	28,805	32,920	
3	20,780	31,170	36,365	41,560	
4	25,100	37,650	43,925	50,200	
5	29,420	44,130	51,485	58,840	
6	33,740	50,610	59,045	67,480	
7	38,060	57,090	66,605	76,120	
8	42,380	63,570	74,165	84,760	
<i>For families/households with more than 8 persons, add \$4,320 for each additional person.</i>					
<b>Approximate Discount Patient Responsibility</b>	100%  Nominal charge (\$15)	\$30	\$40	\$50	Initial down payment of \$100 due at time of service

*CrescentCare offers additional assistance for HIV positive patients through the Ryan White Program.*

If you are HIV+, please meet with a Case Manager to determine eligibility. Ryan White services apply to individuals at or below 500% of the Federal Poverty Guidelines. The Ryan White program has a separate sliding scale discount.

*All of CrescentCare's sites serve all patients regardless of their ability to pay. Our staff can screen you and help you to enroll in benefits. Please speak with one of our staff for more detailed information.*



## PATIENT PAYMENT NOTICE: DENTAL SERVICES

**July 2018**

*CrescentCare is required to collect all copays, deductibles, and sliding fee payments where applicable.*

CrescentCare offers a sliding fee discount to patients whose incomes fall at or below 200% of the Federal Poverty Guidelines. Each year the federal government establishes income levels that qualify patients to be eligible to pay reduced costs for services. Sliding fee means that costs change according to the patient's income, lack of income, or ability to pay. Patients that qualify are eligible for a sliding discount on fees for all services provided at CrescentCare.

If you have insurance, we will charge you according to the guidelines of your insurance plan (for copays and deductibles). All labs will be billed directly to your insurance plan by the lab company. The lab company will then bill you directly for any outstanding balance. If you do not want to bill your insurance for services we can still see you. You will be considered self-pay and are responsible for your charges. Charges for supplies and equipment such as crowns and dentures will be charged separately. Please request a treatment plan from your dental provider before starting the work, so that you know how much the services will cost. Please ask our staff if you would like to work out a payment plan.

<b>2018 Federal Poverty Guidelines &amp; CrescentCare Sliding Fee Discount for Dental</b>				
<b>Persons in Household</b>	<b>Group A Family Annual Income: at or below 100% FPL</b>	<b>Group B Family Annual Income: 101% up to 150% FPL</b>	<b>Group C Family Annual Income: 151% up to 175% FPL</b>	<b>Group D Family Annual Income: 176% up to 200% FPL</b>
1	12,140	18,210	21,245	24,280
2	16,460	24,690	28,805	32,920
3	20,780	31,170	36,365	41,560
4	25,100	37,650	43,925	50,200
5	29,420	44,130	51,485	58,840
6	33,740	50,610	59,045	67,480
7	38,060	57,090	66,605	76,120
8	42,380	63,570	74,165	84,760
<i>For families/households with more than 8 persons, add \$4,320 for each additional person.</i>				
<b>Discount Applied</b>	<b>100%</b>			
<b>Patient Responsibility: Preventive Care</b>	<i>Nominal Preventive Dental Fee (\$45)</i>	\$55	\$65	\$75
<b>Patient Responsibility Night Guards</b>	<i>Nominal Fee (\$179)</i>	\$179	\$200	\$215
<b>Patient Responsibility: Fixed Dental</b>	<i>Nominal Fee for Fixed Dental (\$400)</i>	\$450	\$500	\$600
<b>Patient Responsibility: Removable Dental</b>	<i>Nominal Fee for Removal Dental (\$500)</i>	\$550	\$600	\$650



CrescentCare

*A Partnership for Life*

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