

DOCUMENTED VERIFICATION OF INCOME/FAMILY SIZE

Patient Sticker

(Attach copies of proof of income, such as paycheck stubs,
income tax returns, etc.)

**Always make copies, never hand over originals you may
need for use later.**

ANNUAL INCOME _____

FAMILY SIZE _____

A PREGNANT WOMAN WILL COUNT AS TWO IN THE FAMILY

SLIDING FEE _____

<p>I certify that the information I have provided is correct, to the best of my knowledge. I understand that I will be held responsible for any consequences (e.g. payments, fines, legal action, etc.) resulting from intentionally providing false or misleading information.</p>	<p align="center">Signature of person responsible for this account. _____</p> <p align="right">Today's Date _____</p>
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WCCHC Sliding Fee Scale 2023. All income categories are from the 2023 Federal Poverty Guidelines

Family Size	Level 1 Slide	Level 2 Slide	Level 3 Slide	Level 4 Slide	Level 5 Slide	Level 6 No Discount Full Fee
	Medical or BH* \$30 Flat Fee Dental Schedule 1 Fees: \$35 Schedule 2 Fees: \$150	Medical or BH* \$35 Flat Fee Dental 20% of Full Fee	Medical or BH* \$50 Flat Fee Dental 40% of Full Fee	Medical or BH* \$70 Flat Fee Dental 60% of Full Fee	Medical or BH* \$90 Flat Fee Dental 80% of Full Fee	
1	\$0 \$14,580	\$14,581 \$18,225	\$18,226 \$21,870	\$21,871 \$25,515	\$25,516 \$29,160	\$29,161
2	\$0 \$19,720	\$19,721 \$23,155	\$23,156 \$29,580	\$29,581 \$34,510	\$34,511 \$39,440	\$39,441
3	\$0 \$24,860	\$24,861 \$31,075	\$31,076 \$37,290	\$37,291 \$43,505	\$43,506 \$49,720	\$49,721
4	\$0 \$30,000	\$30,001 \$37,500	\$37,501 \$45,000	\$45,001 \$52,500	\$52,501 \$60,000	\$60,001
5	\$0 \$35,140	\$35,141 \$43,925	\$43,926 \$52,710	\$52,711 \$61,495	\$61,496 \$70,280	\$70,281
6	\$0 \$40,280	\$40,281 \$50,350	\$50,351 \$60,420	\$60,421 \$70,490	\$70,491 \$80,560	\$80,561
7	\$0 \$45,420	\$45,421 \$56,775	\$56,776 \$68,130	\$68,131 \$79,485	\$79,486 \$90,840	\$90,841
8	\$0 \$50,560	\$50,561 \$63,200	\$63,201 \$75,840	\$75,841 \$88,480	\$88,481 \$101,120	\$101,121
For each additional family member	\$5,140	\$6,425	\$7,710	\$8,995	\$10,280	
CHC Target Population	Up to and Including 100% of Poverty	To 125% of Poverty	To 150% of Poverty	To 175% of Poverty	Up to and Including 200%	Over 200% of Poverty

*The nominal fee is \$30 for Medical and Behavioral Health Services. The Nominal fee is \$35 for Schedule 1 Dental services per visit, and the Nominal fee \$150 for Schedule 2 Dental services per visit. Additional Behavioral Health grants and adjustments may apply.

Interviewer's Signature _____