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**Sliding Fee Scale**

Bhcare maintains a standard procedure for qualifying clients to reduce fees based on family size and income. The Sliding Fee Scale is available to uninsured clients with incomes at or below the federal poverty guidelines.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Household income** | | **ALL SERVICES**  ***# in household*** | | **If percentage Is used** |
| **2 3+** | |
| $0 | $12,490 | 15 | 15 | 5% |
| $12,491 | $23,999 | 25 | 20 | 6%-9% |
| $24,000 | $28,999 | 35 | 30 | 10%-20% |
| $29,000 | $33,999 | 45 | 40 | 21%-25% |
| $34,000 | $37,999 | 55 | 50 | 26%-29% |
| $38,000 | $43,999 | 65 | 60 | 30%-34% |
| $44,000 | $54,999 | 75 | 70 | 35%-44% |
| $55,000 | $84,999 | 85 | 80 | 46%-55% |
| Over $85,000 | | ***Fees vary and may be negotiated. Fees are not to be less than $15 per visit.***  ***Refer to fee schedule for 100% rate on all services*** | | **\*\*No proof of income or lack thereof will result in highest sliding scale fee.**  **The above is based on the range of fees outlined on Sliding Fee Scale** |

**How to Apply:**

Clients who wish to apply for the program will need to complete a Sliding Fee Scale Application and provide the required supporting documentation to determine eligibility.

**Required Documentation:**

1. **Proof of income**  
   including documentation for all wages earned (pay stubs for 4 consecutive pay periods or your tax return from the previous year), social security, worker’s comp, veteran’s benefits, military pay, child support/alimony
2. Current Bank Statements (last 30 days)
3. Completed Sliding Fee Application

**Meeting with a Client Finance Specialist:**

Once you have the required documentation, call you perspective clinic to make an appointment with the Client Finance Specialist who will process your application.

***Note:*** *Self-Pay clients will be assessed annually for changes in income and/or adjustments to their self-pay agreement.*