NORTH HAVEN MEDICAL CLINIC SLIDING FEE SCALE PROGRAM

The North Haven Medical Clinic is now offering a sliding fee scale to all its patients who are permanent residents of North Haven.

The sliding fee scale covers office visits and associated costs. It does not cover laboratory fees, airplane or ferry costs, or durable medical equipment such as knee braces, ace bandages, wrist splints, etc.

The scale is based on income limits and is available to patients with or without insurance. The sliding fee scale may cover a portion of the 20% co-pay for Medicare patients.

Co-pays are expected at the time of service. We are now also able to accept MasterCard, Visa, Discover and American Express credit cards through our billing service.

If your gross income falls within the ranges listed below, you may be eligible for the sliding fee program. Eligibility will be reviewed annually. If you have any questions or would like an application, please contact Joette Adams or Joe Stone at 867-4433 or Dave Macy at 867-0919. All information is kept confidential. Patient financial information and payment information are <u>not</u> shared with Clinic Personnel, Clinic Providers, Selectmen or Town Office Personnel. It is known only to the Treasurer and Town Administrator.

Clinic
Charge:
Family
Size
1
2
3
4
5
6
7
8

LEVEL A					
*12					
\$12 co-pay					
If household income					
		between			
0	&	12,460			
0	&	16,760			
0	&	21,060			
0	&	25,360			
0	&	29,660			
0	&	33,960			
0	&	38,260			
0	&	42,560			

25% of regular charge If household income between 12,460 & 16,572 16,760 & 22,291 21,060 & 28,010 25,360 & 33,729 29,660 & 39,448 33,960 & 45,167 38,260 & 50,886 42,560 & 56,605	LEVEL B				
If household income between 12,460 & 16,572 16,760 & 22,291 21,060 & 28,010 25,360 & 33,729 29,660 & 39,448 33,960 & 45,167 38,260 & 50,886					
between 12,460 & 16,572 16,760 & 22,291 21,060 & 28,010 25,360 & 33,729 29,660 & 39,448 33,960 & 45,167 38,260 & 50,886	25% of regular charge				
12,460 & 16,572 16,760 & 22,291 21,060 & 28,010 25,360 & 33,729 29,660 & 39,448 33,960 & 45,167 38,260 & 50,886	If household income				
16,760 & 22,291 21,060 & 28,010 25,360 & 33,729 29,660 & 39,448 33,960 & 45,167 38,260 & 50,886	between				
21,060 & 28,010 25,360 & 33,729 29,660 & 39,448 33,960 & 45,167 38,260 & 50,886	12,460	&	16,572		
25,360 & 33,729 29,660 & 39,448 33,960 & 45,167 38,260 & 50,886	16,760	&	22,291		
29,660 & 39,448 33,960 & 45,167 38,260 & 50,886	21,060	&	28,010		
33,960 & 45,167 38,260 & 50,886	25,360	&	33,729		
38,260 & 50,886	29,660	&	39,448		
/	33,960	&	45,167		
42,560 & 56,605	38,260	&	50,886		
	42,560	&	56,605		

50% of regular charge				
If household income between				
16,572	&	20,684		
22,291	&	27,822		
28,010	&	34,960		
33,729	&	42,098		
39,448	&	49,236		
45,167	&	56,374		
50,886	&	63,512		
56,605	&	70,650		

LEVEL C

LE	VEL	D .		
75% of regular charge				
If household income				
t	etwee	n		
20,684	&	24,795		
27,822	&	33,352		
34,960	&	41,909		
42,098	&	50,466		
49,236	&	59,023		
56,374	&	67,580		
63,512	&	76,137		
70,650	&	84,694		

LEVEL D