



## Sliding Fee Scale - 2023

### Maximum Annual income Amounts for each Sliding Fee Percentage Category

Poverty Level	100%		125%	150%	175%	200%	>200%	
Family Size	Charge							
	Nominal Fee (\$10)		20%	40%	60%	80%	100%	
<b>1</b>	\$0	-	\$14,580	\$18,225	\$21,870	\$25,515	\$29,160	\$29,161+
<b>2</b>	\$0	-	\$19,720	\$24,650	\$29,580	\$34,510	\$39,440	\$39,441+
<b>3</b>	\$0	-	\$24,860	\$31,075	\$37,290	\$43,505	\$49,720	\$49,721+
<b>4</b>	\$0	-	\$30,000	\$37,500	\$45,000	\$52,500	\$60,000	\$60,001+
<b>5</b>	\$0	-	\$35,140	\$43,925	\$52,710	\$61,495	\$70,280	\$70,281+
<b>6</b>	\$0	-	\$40,280	\$50,350	\$60,420	\$70,490	\$80,560	\$80,561+
<b>7</b>	\$0	-	\$45,420	\$56,775	\$68,130	\$79,485	\$90,840	\$90,841+
<b>8</b>	\$0	-	\$50,560	\$63,200	\$75,840	\$88,480	\$101,120	\$101,121+
<b>For each additional person, add:</b>	\$5,140		\$6,425	\$7,710	\$8,995	\$10,280	\$10,280	

\*Based on the 2023 Federal Poverty Guidelines for the 48 contiguous states and the District of Columbia. Please note that there are separate guidelines for Alaska and Hawaii, and that the thresholds would differ for sites in those two state. Sites in Puerto Rico and other outlying jurisdictions would use the above guidelines.



## Sliding Fee Scale Application

It is the policy of Eastchester Family Services (EFS) to provide essential services regardless of the client's ability to pay. EFS offers discounts 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 all services received at this clinic, but not those services or equipment purchased from outside, including reference laboratory testing, drugs, x-ray interpretation by a consulting radiologist, and other such services. You must complete this form every 12 months or if your financial situation changes.

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Please list all household members, including those under age 18.

	Name	Date of Birth
<b>Self</b>		
<b>Other</b>		
<b>Other</b>		
<b>Other</b>		

Source	Self	Other	Total
<b>Gross wages, salaries, tips, etc.</b>			
<b>Income from business and self-employment</b>			
<b>Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, veterans' payments, survivor benefits, pension or retirement income</b>			
<b>Interest; dividends; royalties; income from rental properties, estates, and trusts; alimony; child support; assistance from outside the household; and other miscellaneous sources</b>			
<b>Total Income</b>			



I certify that the family size and income information shown above is correct.

**Name (Print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Office Use Only			
<b>Client Name:</b>		<b>Approved Discount:</b>	
<b>Approved By:</b>		<b>Date Approved:</b>	

Verification Checklist	Yes	No
<b>Identification / Address: Driver's license, utility bill, employment ID, or other.</b>		
<b>Income: Prior year tax return, three most recent pay stubs, or other.</b>		

Self-declaration of income may also be used.