



Sliding Fee Discount Program

Desert Senita Community Health Center offers the Sliding Fee Discount Program for services provided at all of our Federally Qualified Health Center (FQHC) facilities. The Sliding Fee Discount Program is offered to all patients regardless of their ability to pay. It is based only on family size and income.

Family Size: Please bring the following to determine family size:

- Photo Identification:** for everyone in the family.
 - Driver's License, or
 - Photo ID issued by state or federal government, or
 - Tribal ID, or
 - School ID with picture
- Other form of Identification:** for everyone in the family.
 - U.S. Birth Certificate or Certified Copy, or
 - U.S. Passport, or
 - U.S. Naturalization Certificate, or
 - Permanent Resident Card, or
 - Social Security Card, or
 - Official Military Record of service showing U.S. Place of birth (e.g. 214), or
 - Visa
 - Self-Declaration form, to be used in special circumstances such as for participants who are homeless or unable to provide any of the above income verification.
- Residential Address:**
 - Current utility bill with applicant's name and address, or
 - If you do not receive bills in your name, bring letter from homeowner stating that you are living in the home.

Income: Please bring the following to determine family income:

- Income:** For everyone in the family.
 - Documentation of gross income (earnings before any deductions) for all household members, from the last 30 days
 - Pay stubs: 5 pay stubs if paid weekly, 3 pay stubs if paid bi-weekly, or 2 pay stubs if paid monthly, or
 - Social Security Award/Benefit Letter, or
 - Bank Statement, or
 - Income Tax Return Documentation, or
 - Alimony, Child Support, Military and Family Allotments, or
 - Self-Declaration form, to be used in special circumstances such as for participants who are homeless or unable to provide any of the above income verification.
- Other Medical Insurance**
 - Insurance cards for any medical/dental insurance.

Sliding Fee Discount Program

Desert Senita Community Health Center uses the U.S. Department of Health and Human Services Federal Poverty Guidelines (FPG) in creating and updating the Sliding Fee Schedule (SFS) to determine eligibility. The Sliding Fee Discount Program is applied uniformly, consistently, and equally for all eligible patients.

FEDERAL POVERTY GUIDELINES FOR 2021

Family Size

(Tamaño de Familia) < == = INCOME RANGE (ESCALA DE INGRESO ECONOMICO) == = >

	A (< or = 100% FPL)	B (101-133% FPL)	C (134-167% FPL)	D (168-200% FPL)	>200% FPL
1	0 to 12,880	\$12,881 to 17,130	\$17,131 to 21,510	\$21,511 to 25,760	\$25,761 & Up
2	0 to 17,420	\$17,421 to 23,169	\$23,170 to 29,091	\$29,092 to 34,840	\$34,841 & Up
3	0 to 21,960	\$21,961 to 29,207	\$29,208 to 36,673	\$36,674 to 43,920	\$43,921 & Up
4	0 to 26,500	\$26,501 to 35,245	\$35,246 to 44,255	\$44,256 to 53,000	\$53,001 & Up
5	0 to 31,040	\$31,041 to 41,283	\$41,284 to 51,837	\$51,838 to 62,080	\$62,081 & Up
6	0 to 35,580	\$35,581 to 47,321	\$47,322 to 59,419	\$59,420 to 71,160	\$71,161 & Up
7	0 to 40,120	\$40,121 to 53,360	\$53,361 to 67,000	\$67,001 to 80,240	\$80,241 & Up
8	0 to 44,600	\$44,601 to 59,318	\$59,319 to 74,482	\$74,483 to 89,200	\$89,201 & Up

**For family units with more than 8 members, add \$4,540 for each additional person.

**Para unidades de familia con mas de 8 miembros, sume \$4,540 por cada miembro adicional.

Effective Date 1/13/2021

NOTICE: If a patient has been provided services before applying for the Sliding Fee Discount Program, the patient has a 7-business day period after those services to make an appointment with our Eligibility Specialist or his/her designee.

Appointment:

Date: _____

Time: _____

For any questions, please contact our Eligibility Specialist at (520)387-5651 ext. 3354.