ACCEPTABLE FORMS OF INCOME VERIFICATION

- Last TWO consecutive paycheck stubs (if married, for both spouses).
- Last Federal Tax Return form (if it is reflective of current income).
- Most recent unemployment compensation letter showing full weekly benefit.
- Current award letter for everyone in household receiving Social Security disability, retirement, survivor benefits, and/or SSI.
- Signed employer letter disclosing gross weekly or monthly pay.
- Verification of Veteran’s Benefits or any pension payments.

Please note we DO NOT accept Bank Statements.
SLIDING FEE PROGRAM

Compass Health’s sliding fee program is designed to reduce barriers to accessing health services by offering outpatient services at a discounted fee to those that qualify. The sliding fee scale applies to patients without health insurance. Compass Health’s sliding fee discount schedule of fees is based on household size and the poverty guidelines set by the U.S. Department of Health and Human Services under authority of 42 U.S.C. 9902(2), with approval from the Board of Directors. The discount schedule is updated annually based on changes to the poverty guidelines.

As mandated by federal rules governing FQHC’s, to qualify for the sliding fee program patients must:

- Complete the Sliding Fee Scale Eligibility Application form (includes information on all household members)
- Provide the required proof of income for all household members
- Patients cannot receive the sliding fee discount until they have completed all of the required paperwork and have been enrolled.

Sliding Fee Categories Are Based on Federal Poverty Level (FPL)
- Slide A: 0 — 100% of FPL
- Slide B: 101—135% of FPL
- Slide C: 136 — 165% of FPL
- Slide D: 166 — 200% of FPL
- Full Fee: 201% of FPL and above

Primary Care & Pediatrics Co-Pay
- Slide A: $20 Slide B: $30
- Slide C: $40 Slide D: $50

Co-pay includes office visit and a “limited” number of services and labs. Well Woman Exam—Pap test is included in co-pay. Full Fee (Standard Fees)

New Patient - Fee Varies
- (Same Day Discount: $130)

Established - Fee Varies
- (Same Day Discount: $90)

Dental Care Co-Pay
- Slide A: $20 plus 50% of Standard Fees
- Slide B: $30 plus 50% of Standard Fees
- Slide C: $40 plus 65% of Standard Fees
- Slide D: $50 plus 65% of Standard Fees

Same Day Discount $100 plus 80% of standard fee.

Behavioral Health Services

Therapy Evaluation & Individual Therapy
- Slide A: $30 Slide B: $40
- Slide C: $50 Slide D: $60
- Full Fee: Therapy Evaluation—$270 (Same Day Discount: $70)
- Individual Therapy—$132-$263 (Same Day Discount: $70)

Group Therapy
- Slide A: $10 Slide B: $20
- Slide C: $30 Slide D: $40
- Full Fee: $52 (Same Day Discount: $45)

Psychiatric Evaluation
- Slide A: $60 Slide B: $80
- Slide C: $100 Slide D: $120
- Full Fee: $303 (Same Day Discount: $140)

Follow Up Psychiatry Visit
- Slide A: $30 Slide B: $40
- Slide C: $50 Slide D: $60
- Full Fee: $132 to $263 -varies (Same Day Discount: $70)

All co-payments and additional charges are due at the time of service.