

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



MEDICAL, DENTAL
& BEHAVIORAL
HEALTH SERVICES



844.853.8937
compasshealthnetwork.org

SLIDING FEE PROGRAM



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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 Fee

Slide A: \$20 Slide B: \$30
Slide C: \$40 Slide D: \$50

Fee includes the office visit, labs, and all other ancillary services / **Well Woman Exam - Pap test are included in fee.

Full Fee - Patients may have additional charges after the office visit based on the Fee Ticket completed by the Medical Provider. Full Fee patients will be notified of additional charges prior to any procedure and/or labs.

New Patient - Fee Varies
(Same Day Fee: \$180)

Established - Fee Varies
(Same Day Fee: \$110)

Dental Care Fee

Slide A: \$50
Slide B: \$60
Slide C: \$70
Slide D: \$80

Same Day Fee: 80% of full fee charge

All dental services shall be charged to patients on a nominal fee structure. Fees may vary at some locations based on grant funding.

Ineligible for discount:

FF change varies; Periodic exam - \$75;
Limited oral evaluation, problem focused - \$120; Comprehensive oral evaluation - \$160; X-rays - add \$50.

Behavioral Health Services

Therapy Evaluation & Individual Therapy
Slide A: \$30 Slide B: \$40
Slide C: \$50 Slide D: \$60
Full Fee: Therapy Evaluation/Individual Therapy—\$170-\$339
(Same Day Fee: \$120)

Group Therapy

Slide A: \$10 Slide B: \$20
Slide C: \$30 Slide D: \$40
Full Fee: \$65 (Same Day Fee: \$60)

Psychiatric Evaluation

Slide A: \$60 Slide B: \$80
Slide C: \$100 Slide D: \$120
Full Fee: \$222-\$587 (Same Day Fee: \$250)

Follow Up Psychiatry Visit

Slide A: \$30 Slide B: \$40
Slide C: \$50 Slide D: \$60
Full Fee: \$144 to \$501 (Same Day Fee: \$130)

All fees and additional charges are due at the time of service.

