



Affordable Care for All

Patient Discount/Sliding Fee Scale Program

FCC offers affordable care for people in all life stages, financial, and insurance positions. We take most private insurances, Medicaid, and Medicare. Family Circle of Care offers a Patient Discount/Sliding Fee Scale Program for patients with low incomes without insurance or with insurance that does not adequately cover doctor visits and prescription costs.

For Office Visits – For patients under 200% of the poverty guidelines, an office visit will cost \$15, \$20, \$25, or \$30, depending on household income and the number of people in your household. Your individual fee is based on the Sliding Fee Scale.

To apply for the Patient Discount/Sliding Fee Scale Program, you will be asked to complete a short application and provide documents that show the following:

1. State the number of people that are part of your household (defined as persons who cohabit, mutually contribute to household expenses, and assert that they are a household unit. They do not need to be related. It is recognized that other persons may reside at the common residence and are not considered part of the household unit.)
2. Provide proof of the dates of birth of the people living in your household (birth certificate, passport, driver's license)
3. Proof of current address (current utility bill, current lease agreement)
4. Proof of income for all counted household members (generally shown through one month paycheck stubs, tax returns, social security benefit statement, or letter from employer. If you receive support from another person, you should provide a letter of financial support stating how much support is provided and the frequency.) Please note that assets such as bank statements and home ownership are not counted as income. Non-cash benefits such as SNAP and housing subsidies also do not count as income.

If you do not have the above documents available, you will still be provided with medical care. The amount you pay will be based on the income and number of people in your household you declare. You will be asked to bring the requested documentation to your next appointment. You do not have to be a citizen to be seen and there is no residency duration requirement.

Example



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For example, please look at the yellow highlighted area of the Sliding Fee Scale below. In the example, if there are 4 people living in your home and your total household income is \$35,000, you fall on Slide B (\$31,201 to \$46,800 for 4 people in your home). Therefore, your payment is \$20 for a medical provider visit, counseling visit, or dental visit. You can find your fee for different numbers of people in the household and household incomes by referring to the Sliding Fee Scale chart. When you come for your visit, our front desk staff will assist you with determining your fee.

Discount	A	B		C		D		E
	100%	101%-150% FPL		151%-175% FPL		176%-200% FPL		Greater than 200% FPL
Number of Household	100%	101%	150%	151%	175%	176%	200%	Over 200%
1	\$ 15,060	\$ 15,061	\$ 22,590	\$ 22,591	\$ 26,355	\$ 26,356	\$ 30,120	\$ 30,121
2	\$ 20,440	\$ 20,441	\$ 30,660	\$ 30,661	\$ 34,510	\$ 34,511	\$ 40,880	\$ 40,881
3	\$ 25,820	\$ 25,821	\$ 38,730	\$ 38,731	\$ 45,185	\$ 45,186	\$ 51,640	\$ 51,641
4	\$ 31,200	\$ 31,201	\$ 46,800	\$ 46,801	\$ 54,600	\$ 54,601	\$ 62,400	\$ 62,401
5	\$ 36,580	\$ 36,581	\$ 54,870	\$ 54,871	\$ 64,015	\$ 64,016	\$ 73,160	\$ 73,161
6	\$ 41,960	\$ 41,961	\$ 62,940	\$ 62,941	\$ 73,430	\$ 73,431	\$ 83,920	\$ 83,921
7	\$ 47,340	\$ 47,341	\$ 71,010	\$ 71,011	\$ 82,845	\$ 82,846	\$ 94,680	\$ 94,681
8	\$ 52,720	\$ 52,721	\$ 79,080	\$ 79,081	\$ 92,260	\$ 92,261	\$ 105,440	\$ 105,441
9	\$ 58,100	\$ 58,101	\$ 87,150	\$ 87,151	\$ 101,675	\$ 101,676	\$ 166,200	\$ 166,201
10	\$ 63,480	\$ 63,481	\$ 95,220	\$ 95,221	\$ 111,090	\$ 111,091	\$ 126,960	\$ 126,961
11	\$ 68,860	\$ 68,861	\$ 103,290	\$ 103,291	\$ 120,505	\$ 120,506	\$ 137,720	\$ 137,721
12	\$ 74,240	\$ 74,241	\$ 111,360	\$ 111,361	\$ 129,920	\$ 129,921	\$ 148,480	\$ 148,481

For families/households with more than 12 persons add \$5,140 for each additional person

Medical Services					
Copay	A	B	C	D	Not Eligible for Sliding Fee
Provider Visit (with/without Procedure)	\$15 Nominal fee	\$20	\$25	\$30	Good Faith Estimates Available
Send out/In house labs	\$0	\$5 (qty-1) \$10 (qty 2 or more)	\$7 (qty-1) \$14 (qty 2 or more)	\$10 (qty-1) \$20 (qty 2 or more)	Good Faith Estimates Available
Inj/Vaccine	\$0	\$5	\$7	\$10	Good Faith Estimates Available
Excluded DME, circumcisions, hospital and/or delivery charges.					

Mental Health Services					
Copay	A	B	C	D	Rate per Session
Psychiatry and Counseling Services	\$15 Nominal fee	\$20	\$25	\$30	Good Faith Estimates Available

Dental Services					
Copay	A	B	C	D	Rate per Visit
Dental Services Provided Eff. 2/21/23: Oral Exams, Cleanings, X-Rays, Extractions, Fillings, Application of Fluorides, Application of Sealants, Treatment of Dental Pain	\$15 Nominal fee	\$20	\$25	\$30	Please See Fee Schedule

Excluded dental specialty services - will be referred to outside dental specialists.

Anyone can apply, including patients with insurance. If you apply and qualify, you will pay the lower of your insurance co-pay and the Patient Discount/Sliding Fee Scale Program amount. For instance, if you qualify for \$15 and your private insurance co-pay is \$45, you will pay the lower of the two so your fee will be only \$15.