



Sliding Fee Discount Program

As a Community Health Center, we offer a Sliding Fee Discount Program to all patients based on household income and family size. This program reduces the amount you pay for healthcare services. If you qualify, you will only pay **20 – 80%** of the cost for most services. **You may be eligible for this program even if you have insurance.**

The Sliding Fee Discount Program application is available in English and Spanish at check-in at each health center site and on our website. All information on the application is kept confidential. We have designated staff available to help you with completing the application.

The Federal Poverty Guidelines (FPG) will be used for the Sliding Fee Discount Program. If your income falls within the guidelines, we encourage you to apply.

Proof of income is required to process your application. The documents listed below are acceptable as a proof of income:

<p style="text-align: center;">Household Income:</p> <ul style="list-style-type: none"> • W-2 Form • Income Tax Returns • Current Pay Stubs • Bank Statement displaying direct deposits • Unemployment award notice • Social Security Notice • Child Support and/or Alimony • Pension or Retirement Income • Disability or Workers' Compensation Letter • Letter from employer establishing income 	<p style="text-align: center;">HOUSEHOLD SIZE:</p> <ul style="list-style-type: none"> • A household consists of all the persons who occupy a housing unit (house or apartment), whether they are related to each other or not. • Marital status is not a factor when determining household size. • Household income <u>includes all income for all people that make up your household size.</u>
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Schedule an Appointment

Please inquire at check-in if you would like to apply for our Sliding Fee Discount Program. You can apply at either UMMA location. Contact: (323) 789-5610 to schedule an appointment.

UMMA Community Clinic (Florence)

711 W. Florence Ave.
Los Angeles, CA 90044

Fremont Wellness Center

7821 S. Avalon Blvd.
Los Angeles, CA 9000



How Do I Know if I am Eligible?

Our Sliding Fee Discount Program is available to all patients who qualify based on their annual household income and family size even if they have insurance. Fees, copays, co-insurance, and deductibles are eligible for a sliding fee discount. The table below will help determine if you qualify.

PAYMENT OBLIGATION						
	Slide A 0-100% FPG	Slide B 101-125% FPG	Slide C 126-150% FPG	Slide D 151-175% FPG	Slide E 176-200% FPG	Slide F Over 200% FPG
Medical	Patient Pays \$20.00 Nominal	Patient Pays \$25.00	Patient Pays \$30.00	Patient Pays \$35.00	Patient Pays \$40.00	No Discount
Behavioral**	Same as medical	Same as medical	Same as medical	Same as medical	Same as medical	Same as medical
FAMILY SIZE*	ANNUAL INCOME					
1	\$0 - \$12,760.00	\$12,761.00 - \$15,950.00	\$15,951.00 - \$19,140.00	\$19,141.00 - \$22,360.00	\$22,361.00 - \$25,520.00	\$25,521.00 +
2	\$0 - \$17,240.00	\$17,240.00 - \$21,550.00	\$21,551.00 - \$25,860.00	\$25,861.00 - \$30,170.00	\$30,171.00 - \$34,480.00	\$34,481.00 +
3	\$0 - \$21,720.00	\$21,721.00 - \$27,150.00	\$27,151.00 - \$32,580.00	\$32,581.00 - \$38,010.00	\$38,011.00 - \$43,440.00	\$43,441.00 +
4	\$0 - \$26,200.00	\$26,201.00 - \$32,750.00	\$32,751.00 - \$39,300.00	\$39,301.00 - \$45,850.00	\$45,851.00 - \$52,400.00	\$52,401.00 +
5	\$0 - \$30,680.00	\$30,681.00 - \$38,350.00	\$38,351.00 - \$46,020.00	\$46,021.00 - \$53,690.00	\$53,691.00 - \$61,360.00	\$61,361.00 +
6	\$0 - \$35,160.00	\$35,161.00 - \$43,950.00	\$43,951.00 - \$52,740.00	\$52,741.00 - \$61,530.00	\$61,531.00 - \$70,320.00	\$70,321.00 +
7	\$0 - \$39,640.00	\$39,641.00 - \$49,550.00	\$49,551.00 - \$59,460.00	\$59,461.00 - \$69,370.00	\$69,371.00 - \$79,280.00	\$79,281.00 +
8	\$0 - \$44,120.00	\$44,121.00 - \$55,150.00	\$55,151.00 - \$66,180.00	\$66,181.00 - \$77,210.00	\$77,211.00 - \$88,240.00	\$88,241.00 +

*For family members greater than 8, add \$4,480.00 per additional family member to the annual. Example: Family of 9 FPG = \$44,120.00 + \$4,480.00 = \$48,600.00 **When applicable, patient is responsible for all outside lab costs.

**The copay for behavioral visit will be waived if the patient comes in for both a Medical and Behavioral visit on the same day.

Annual Income

The 2020 Poverty Guidelines for the 48 Contiguous States and the District of Columbia

Persons in family	Poverty guideline
1	\$12,760
2	\$17,240
3	\$21,720
4	\$26,200
5	\$30,680
6	\$35,160
7	\$39,640
8	\$44,120
For families with more than 8 persons, add \$4,480 for each additional person.	



SLIDING FEE:

Medical Services:

- a. All sliding fee patients will pay fee for services based on the income and family size information provided. When your sliding fee application has been processed and approved, you will be informed of your fee amount.
- b. Fees must be paid at the time of service unless prior payment arrangements have been approved.

Dental Services:

- c. Dental services are done through a partnership. UMMA assumes part of the cost of these services; the patient is required to make a co-payment based on a sliding fee.
- d. Payment for cost of services over \$500 will be offered by our partner on a sliding fee discount.

Behavioral Health Services:

- e. The patient is required to make a co-payment based on a sliding fee discount. Same day visit for a medical service and behavioral service copay will be waived.

ADDITIONAL SLIDING FEE INFORMATION:

- f. Patients under 19 years of age must have a Medi-Cal denial letter to be eligible for Sliding Fee.
- g. If your family income or family size changes throughout the year, it is your responsibility to inform UMMA staff at the time of your next appointment.
- h. Sliding Fee applications must be completed, signed, and approved prior to services being provided.
- i. Sliding Fee is not retro-active. Sliding Fee discounts cannot be applied to prior dates of service.
- j. Partially completed Sliding Fee applications cannot be accepted.
- k. Services will only be provided at full cost if the Sliding Fee Application is not completed.
- l. Patients who have no source of income will be required to pay the nominal fee amount of \$20.00.



Discount/Sliding Fee Application

UMMA Community Clinic policy is to provide essential services regardless of the patient's ability to pay. Discounts are offered to all patients depending upon family income and size. Please complete the following information and return to the front desk to determine if you and/or members of your family are eligible for a discount.

The discount will apply to all services received at UMMA but not those services which are purchased from outside such as: drugs, reference laboratory testing, x-ray interpretation by a consulting radiologist and similar services. In the hope that your economic health improves, a new application will be required. The discount will be honored for 12 months, after which you must reapply. Please inquire at the front desk if you have questions.

Number of persons living in your family, (where 'family' consists of all the persons who occupy a housing unit (house or apartment), whether they are related to each other or not):

Total family income: _____

Family Member	Name	Date of Birth	Daily	Weekly	Bi-Weekly	Monthly	Annually
Self							
Spouse							
Dependent							
Other							
Total							



Note: Include income from all related persons in family and income from all sources including: gross wages, tips, social security, disability, pensions, annuities, veterans' payments, net business or self-employment, alimony, child support, military, unemployment, public aid, and other.

Verification Checklist (attach copies)	Yes	No	N/A
Identification: Driver's License, employment ID, or another picture ID			
Proof of Address: Driver's License, Utility bill, or other			
Income: Prior year tax return, three most recent pay stubs, or other			

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

Name (Print)

Signature/Date