

## Alea Clinic Discounts

We are glad that you have asked about the discount offering at the Alea Clinic. We feel that our patients are well served by our policy of providing needed health care, regardless of ability to pay. In order to do so, we offer a discount on our services to those who qualify.

Discounts are offered based upon family/household size and income. A sliding fee schedule is used to calculate the basic discount and is updated each year using the Federal Poverty Guidelines (FPL). Below is the guide to determine if you qualify for a discount for today's visit. Once approved, the discount will be honored for this visit and onsite labs. Because of the economy and the upcoming changes in mandatory health insurance, we will revisit the discount at each visit/encounter. You can help us to establish your eligibility. No proof of income is necessary.

A completed application includes this form plus your registration with home address and insurance coverage; the Clinic must have this information before a discount can be granted. If the applicant appears to be eligible for the Oregon Health Plan, you will be directed to apply for this program.

Adolescent patients seeking confidential care are exempt from the application process, and services are provided at the nominal rate.

Individuals whose income is less than 100% FPL, you will be charged the nominal fee of **\$30**. Those whose income is between 100-250% FPL will be offered a **40% discount** from the usual office visit and any onsite laboratory fees.

### 2014 Federal Poverty Guidelines (FPL)

Family Size	100% FPL Annual	Monthly
1	\$ 11,670	\$ 973
2	\$ 15,730	\$ 1,311
3	\$ 19,790	\$ 1,650
4	\$ 23,850	\$ 1,988
5	\$ 27,910	\$ 2,326
6	\$ 31,970	\$ 2,665
7	\$ 36,030	\$ 3,003
8	\$ 40,090	\$ 3,341
Families greater than 8 persons add \$4060 annually per person		

Up to 250% FPL between
\$ 1946 to \$ 2432
\$ 2623 to \$ 3278
\$ 3300 to \$ 4123
\$ 3976 to \$ 4969
\$ 4653 to \$ 5815
\$ 5330 to \$ 6661
\$ 6006 to \$ 7507
\$ 6683 to \$ 8353

Families greater the 8 person add \$846 per month

I qualify at this income limit:

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_ Signature: \_\_\_\_\_

I qualify at this income limit:

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Please Print Name:** \_\_\_\_\_