

PATIENT PAYMENT NOTICE: Medical Care

July 2016

CrescentCare is required to collect all copays, deductibles, and sliding fee payments where applicable.

CrescentCare offers a sliding fee discount to patients whose incomes fall at or below 200% of the Federal Poverty Guidelines. Each year the federal government establishes income levels that qualify patients to be eligible to pay reduced costs for services. Sliding fee means that costs change according to the patient's income, lack of income, or ability to pay. Patients that qualify are eligible for a sliding discount on fees for all services provided at CrescentCare.

If you have insurance, we will charge you according to the guidelines of your insurance plan (for copays and deductibles). All labs will be billed directly to your insurance plan by the lab company. The lab company will then bill you directly for any outstanding balance. If you do not want to bill your insurance for services we can still see you. You will be considered self-pay and are responsible for your charges, including lab charges. Please ask our staff if you would like to work out a payment plan.

2016 Federal Poverty Guidelines & CrescentCare Sliding Fee Discount for Medical Services								
Persons in Household	Group A Family Annual Income: at or below 100% of FPL	Group B Family Annual Income: 101% up to 125% FPL	Group C Family Annual Income: 126% up to 150% FPL	Group D Family Annual Income: 151% up to 200% FPL	Group E Family Annual Income: over 200% FPL			
1	11,880	14,850	17,820	23,760	23,761 +			
2	16,020	20,025	24,030	32,040	<i>32,041</i> +			
3	20,160	25,200	30,240	40,320	40,321 +			
4	24,300	30,375	36,450	48,600	<i>48,601</i> +			
5	28,440	35,550	42,660	56,880	<i>56,881</i> +			
6	32,580	40,725	48,870	65,160	65,161 +			
7	36,730	45,913	55,095	73,460	<i>73,461</i> +			
8	40,890	51,113	61,335	81,780	81,781 +			
For families/households with more than 8 persons, add \$4,160 for each additional person.								
Approximate Discount	100%	75%	50%	25%	0%			
Patient Responsibility	Nominal charge (\$15)	\$15 + See staff for approximate visit amount	\$15 + See staff for approximate visit amount	\$15 + See staff for approximate visit amount	\$15 + See staff side for approximate visit amount			

CrescentCare offers additional assistance for HIV positive patients through the Ryan White Program.

If you are HIV+, please meet with a Case Manager to determine eligibility. Ryan White services apply to individuals at or below 500% of the Federal Poverty Guidelines. The Ryan White program has a separate sliding scale discount.

All of CrescentCare's sites serve all patients regardless of their ability to pay. Our staff can screen you and help you to enroll in benefits. Please speak with one of our staff for more detailed information.



PATIENT PAYMENT NOTICE: Dental Services

July 2016

CrescentCare is required to collect all copays, deductibles, and sliding fee payments where applicable.

CrescentCare offers a sliding fee discount to patients whose incomes fall at or below 200% of the Federal Poverty Guidelines. Each year the federal government establishes income levels that qualify patients to be eligible to pay reduced costs for services. Sliding fee means that costs change according to the patient's income, lack of income, or ability to pay. Patients that qualify are eligible for a sliding discount on fees for all services provided at CrescentCare.

If you have insurance, we will charge you according to the guidelines of your insurance plan (for copays and deductibles). All labs will be billed directly to your insurance plan by the lab company. The lab company will then bill you directly for any outstanding balance. If you do not want to bill your insurance for services we can still see you. You will be considered self-pay and are responsible for your charges. Charges for supplies and equipment such as crowns and dentures will be charged separately. Please request a treatment plan from your dental provider before starting the work, so that you know how much the services will cost. Please ask our staff if you would like to work out a payment plan.

2016 Federal Poverty Guidelines & CrescentCare Sliding Fee Discount for Preventative Dental								
Persons in Household	Group A Family Annual Income: at or below 100% FPL	Group B Family Annual Income: 101% up to 150% FPL	Group C Family Annual Income: 151% up to 175% FPL	Group D Family Annual Income: 176% up to 200% FPL	Group E Family Annual Income: over 200% FPL			
1	11,880	17,820	20,790	23,760	23,761 +			
2	16,020	24,030	28,035	32,040	32,041 +			
3	20,160	30,240	35,280	40,320	40,321 +			
4	24,300	36,450	42,525	48,600	48,601 +			
5	28,440	42,660	49,770	56,880	<i>56,881</i> +			
6	32,580	48,870	57,015	65,160	65,161 +			
7	36,730	55,095	64,278	73,460	<i>73,461</i> +			
8	40,890	61,335	71,558	81,780	81,781 +			
For families/households with more than 8 persons, add \$4,160 for each additional person.								
Discount Applied	100%	50%	25%	15%	0%			
Patient	Nominal	See staff for	See staff for	See staff for	See staff side for			
Responsibility:	Preventive	approximate visit	approximate visit	approximate visit	approximate visit			
Preventive Care	Dental Fee (\$45)	amount	amount	amount	amount			
Patient	Nominal Fee for	See staff for	See staff for	See staff for	See staff for			
Responsibility:	Fixed Dental	approximate visit	approximate visit	approximate visit	approximate visit			
Fixed Dental	(\$400)	amount	amount	amount	amount			
Patient Responsibility: Removable Dental	Nominal Fee for Removal Dental (\$500)	See staff for approximate visit amount	See staff for approximate visit amount	See staff for approximate visit amount	See staff for approximate visit amount			

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