Sliding Fee Scale

The Sliding Fee Scale Discount Program (SFSDP) provides discounted care to those who have limited means to pay for services. The sliding fee scale discount program is based on the size of your family/household and income. The discount will apply to medical services, lab orders and pharmacy. Age, sex, race, creed, sexual orientation, disability, national origin, or legal presence/status are not considered.

How to Qualify

To determine if you qualify for the discounted program, it is necessary to provide accurate information including submitting the required documentation about your family/household income and size (please see qualifying documents below). An approved application is good for 6 months and will expire at that time. You will need to re-apply with submit updated
documentation regarding your family/household income and size. *Please note providing false information is fraud and if discovered all discounted services will be revoked and you will be responsible for the total amount of services received.*

**What is considered income?**

Income earning includes any amount received (direct deposit, check or cash) for worked performed (wages, salary, armed forces pay, commissions, tips, piece-rate payments, casual labor, day labor, domestic service (e.g., gardening, landscaping, housekeeping, daycare, babysitting, etc.) and cash bonuses earned and self-employed gross income.

**Accepted Proof of Income Documentation**

To accurately capture total household income, we need proof if you and/or your household members are currently:

<table>
<thead>
<tr>
<th>Working/Employed or Contracted</th>
<th>Pay stubs covering the last 4 weeks</th>
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<tbody>
<tr>
<td></td>
<td>Income verification form signed by employer or contractor</td>
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<tr>
<td>Not Working/Unemployed and/or receive any of these:</td>
<td>Bank statements showing direct deposits covering last two months</td>
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<tr>
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<tr>
<td>The most recent monthly statements from unemployment compensation, workers' compensation, social security, Medicaid Share of Cost, Supplemental Security Income, public assistance, veteran’s payments, survivor benefits, disability benefits, pension or retirement income.</td>
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<tr>
<td>Other income earnings that you may provide:</td>
<td>Statements with interest, dividends, rents, royalties, income from estates and trusts, education assistance, alimony, child support, assistance from outside the household.</td>
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**What determines family/household size?**

Family/Household size can be one person, a group of people and/or one or more families living (or staying temporarily) at the same address and share common housekeeping responsibilities. Common housekeeping responsibilities means sharing at least one meal a day or share a common living area (e.g., living room, dining room, kitchen, etc.). Individuals in the family/household do not have to be related by blood or marriage. Individuals in the family/household includes distant relatives, friends, foster children, renters, roommates, resident domestic servants and/or guests/visitors staying longer than 30 calendar days.
Compliance

**Compliance Hotline: 1-866-633-7233**

Compliance Page

Public Meetings

see all meetings

C. L. Brumback Primary Care Clinics Finance Committee

**Date:** March 31, 2021

**Location:**
In-Person & Zoom Meeting - SEE MEETING DETAILS INCLUDED

Health Care District of Palm Beach County
1515 N. Flagler Drive.
Suite 101
West Palm Beach, FL 33401

Social Media
