#### **Terms to Know**

**Deductible:** Amount of money you pay before the insurance company starts paying its portion for your services.

**Co-Insurance:** Is what you-the patient-pay as your share towards a claim.

**Nominal Fee:** A small amount of money that is set by individual health centers that you might pay to help cover the cost of your care.

#### Remember

Here at Caring Health Center we want to make sure that you receive the health care that you need. We will work with you to find a solution to pay for your health care services, depending on your circumstances.

#### Locations

**1049 Main Street** *Downtown Springfield* 

**532 Sumner Avenue** Forest Park

**860 Boston Road Site** *East Springfield* 

For 24/7 after hour phone answering service, please call: 413-739-1100.

This health center is a Health Center Program grantee under 42 U.S.C.254b, and a deemed Public Health Service employee under 42 U.S.C. 233(g)-(n)

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**ENGLISH** 





# Need Help Paying For Your Visit?

**Ask About Our Sliding Fee Program** 

# Sliding Fee Discount Program

Caring Health Center provides comprehensive and high quality primary care services to people in need, regardless of their ability to pay. At Caring Health Center **you will NOT be turned away** even if you don't have health insurance. This brochure explains our Sliding Fee Discount Program for which you may qualify.

### What do I need to know about the Sliding Fee Discount Program?

- The program sets a discount on what you pay based on the size of your family and how much money your family makes in a year.
- You can apply for a discount even if you have insurance.
- Each health center sets its own fees and discounts.

### What is the Sliding Fee Discount Program?

It is a program that may offer you a discount on your medical, pharmacy and behavioral health bill and your tiered dental services depending on your income and family size.

## How does the Sliding Fee Discount Program work?

The program is designed to allow people to receive health care services based on their ability to pay. Therefore, people making less money will pay less than people making more money.

### What will I pay if I qualify for the program?

How much you might pay will depend on your insurance, your family income and size and type of service.

#### How do I apply for the program?

You may apply any time at any of our convenient CHC locations in Springfield or by phone.

Medical Interpreters are available upon request.

#### What papers will I need, to show my family income and size?

Proof of <u>all</u> income received in your household is required to process your application.

#### **Proof of income examples:**

- Pay Stubs
- Current 1040 Tax return
- Unemployment check stub
- Worker's comp check stub
- Other documentation of income (child support, SSI, social security, etc.)

If you don't have any of those documents we will NOT turn you away; we may ask you to sign a temporary self-declaration to give you time to bring the needed documents to receive the discount.