

**IMPORTANT REMINDERS:**

- ✓ You must complete the application for the "Sliding Fee Discount Program" and bring us proof of income.
- ✓ You have **30 days** to give us the proof of income before you have to pay for the entire medical visit.
- ✓ You will have to update your information every year or whenever you have a major change in your income.
- ✓ The lowest payment is \$20 for Medical and \$40 for Dental
- ✓ The program is available to both uninsured and underinsured patients. Patients must meet income guidelines to be eligible for the discount.

***Health Centers***

**Appointment Line:  
937-461-6869**

**Alex Central Health Center**

5 South Alexandersville Road  
Miamisburg, Ohio 45342  
Phone: 937-247-0304

**Chambersburg Health Center**

6255 Chambersburg Road  
Huber Heights, Ohio 45424  
Phone: 937-963-9505

**Charles Drew Health Center**

1323 West Third Street  
Dayton, Ohio 45402  
Phone: 937-461-4336

**Corwin Nixon Health Center**

2351 Stanley Avenue  
Dayton, Ohio 45404  
Phone: 937-228-0990

**East Dayton Health Center**

2132 East Third Street  
Dayton, Ohio 45403  
Phone: 937-528-6850

***Dental Center***

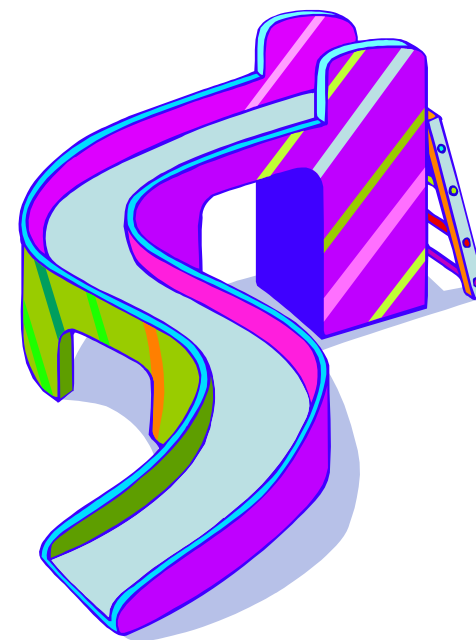
**East Dayton Dental Center**

2132 East Third Street  
Dayton, Ohio 45403  
Phone and Appointments: 937-528-6830



**Community Health Centers  
of Greater Dayton**

**SLIDING FEE SCALE  
PROGRAM**



[www.CommunityHealthDayton.org](http://www.CommunityHealthDayton.org)

## **WHAT IS THE SLIDING FEE SCALE PROGRAM?**

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The Sliding Fee Scale Program allows adults and children who have no health insurance or are underinsured to receive healthcare services at a lower cost. To be a part of the program you must provide proof of income for your immediate family. Your income has to be less than the current federal poverty level. The poverty level will depend on the number of immediate family member's who live in the home and the amount of money they make all together. Your immediate family members consist of you, your spouse and any children or grandchildren under the age of 18 for whom you are legally responsible.

The discount for the "Sliding Fee Scale Program" varies but those who need the most help often only have to pay \$20 for a medical visit and \$40 for a dental visit.

## **WHAT IS REQUIRED TO APPLY?**

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There are several simple steps required to apply for the program...

- ❖ Complete a simple 1 page application
- ❖ Provide copies of income for all eligible people living in your family. Examples include: unemployment stubs, pay checks, etc.

Family income means "gross income" (total before any deductions) earned from all eligible people living in the home.

## **HOW DOES THE PROGRAM WORK?**

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When you make an appointment, we will ask if you have health insurance, it must be billed first. If you do not have health insurance, or are underinsured, the "Sliding Fee Discount Program" will take place when you complete the necessary paperwork.

The application can be found on our website or obtained from the front desk staff when you check into your appointment.

## **WHAT HAPPENS NEXT?**

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A person from our billing department will look at your information and place it into our system. Your discount will depend upon your income. You may receive a full discount or only a partial discount. You may be contacted if we need further information.

If you did not give us the needed proof of income, we will be unable to give you a discount. You will have **30 days** from the date of your appointment to get this information to us. If you have another doctor's appointment before the 30 days is up, you will need to bring the information with you at that time.

If we do not get the needed paperwork showing your income, we will not be able to complete the process and you will be responsible for the full amount of your medical and/or dental visits.

## **HOW OFTEN DO I NEED TO APPLY?**

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You will need to apply for this program every year or whenever you have a major change in your income. Your discount will last 12 months. You will need to complete the updated application form and give us new proof of income before your discount expires. If your discount expires, you may be responsible for your entire bill until your application is processed.

## **WHAT IF I DON'T PAY MY BILL OR CO-PAY?**

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We understand there are times when you will be short on money but still need to see your doctor. You are responsible to pay your share of your doctor bill. If your bill is not paid on a regular basis, you may be placed on a payment schedule or be placed in "collections". If you do not work with Community Health Centers of Greater Dayton on past due bills, you may be discharged from the practice. We are here to assist you with the sliding fee program, payment arrangements, etc.

## **WHERE TO FIND THE SLIDE APPLICATION**

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To complete an application online, visit our website at

**[www.communityhealthdayton.org](http://www.communityhealthdayton.org)**

Click on the Patient tab and then select Forms.

Or ask the Patient Service Representative for one when you check in at your next appointment.