



## FHP HEALTH CENTER SLIDING FEE DISCOUNT PROGRAM

### Making Healthcare Accessible for All

#### What is the Sliding Fee Discount Program?

The Sliding Fee Discount Program is designed to make essential healthcare services more accessible by offering discounts based on family size and income. This program is available for primary care services at FHP Health Center to qualifying patients, ensuring that financial limitations do not prevent you from receiving the care you need.

To qualify, patients must provide proof of income at or below 200% of the Federal Poverty Level.

#### The Sliding Fee Discount is Available to:

- Uninsured patients (self-pay patients)

*Discount amounts depend on family size and income, from 100% to 200% of the poverty level. Those at or below the 100% poverty level will pay a nominal fee of \$60 for medical services.*

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#### How Does It Work?

The discount applies to office visits at our clinic, but does not cover:

- Laboratory tests
- Medications
- X-ray interpretation by consulting radiologists
- Medical equipment / supplies
- Vaccines

**Important:** Patients are required to pay the nominal or discounted fee at the time of service, unless prior arrangements have been made and approved by the Cashier.

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#### How to Qualify?

Qualification is based on two key factors:

1. **Household Size:** Include yourself, your spouse/partner, children, and anyone you provide more than 50% financial support for who lives in your home (such as grandchildren, grandparents, etc.).
2. **Household Income:** Provide the gross (pre-tax) income of all adults in the household. If an adult has no income, a formal statement of zero income will be required.

Find your family size and income on the chart below to determine your eligibility and discount.

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#### How to Apply?

##### 1. Fill Out the Application Form

Applications are available at any of our locations or on our website [www.fhpguam.com](http://www.fhpguam.com)

##### 2. Provide Proof of Income

Submit one of the following, for each household member that contributes financially: o Prior year W-2

- 1099 Form
- Two most recent pay stubs
- Letter from employer
- Form 4506-T (if W-2 not filed)
- Self-employed individuals must submit income and expenses for the last three months
- Gross Receipt Tax

##### 3. Submit Identification

Include a copy of a valid government-issued photo ID.

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#### How Often Do I Need to Re-Apply?

- The application must be completed every 12 months or whenever your financial situation changes.
- Once approved, the sliding fee discount is valid for 12 months.
- If there is a significant change in your financial situation during this time, you can reapply sooner.



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#### Where to Submit Your Application?

Qualification is based on two key factors:

- **In-Person:** At Century Plaza - Tamuning
- **Email:** [medicalbilling@takecareasia.com](mailto:medicalbilling@takecareasia.com)
- **Mail:** P.O. Box 6578 Tamuning, Guam 96931, ATTN: Billing Department

#### Questions?

For more information or assistance, please contact our Billing Department at [medicalbilling@takecareasia.com](mailto:medicalbilling@takecareasia.com) or call us at **671-646-5825**.

SLIDING FEE SCHEDULE							
Monthly Poverty Level	At or Below 100%	120%	140%	160%	180%	200%	Above 200%
Family Size	Nominal Fee: \$60.00	Discount 50% OFF	Discount 40% OFF	Discount 30% OFF	Discount 20% OFF	Discount 10% OFF	No Discount if Greater than
<b>1</b>	\$1,443	\$1,732	\$2,020	\$2,309	\$2,597	\$2,886	\$2,886.00
<b>2</b>	\$1,959	\$2,351	\$2,743	\$3,134	\$3,526	\$3,918	\$3,918.00
<b>3</b>	\$2,475	\$2,970	\$3,465	\$3,960	\$4,455	\$4,950	\$4,950.00
<b>4</b>	\$2,991	\$3,589	\$4,187	\$4,786	\$5,384	\$5,982	\$5,982.00
<b>5</b>	\$3,507	\$4,208	\$4,910	\$5,611	\$6,313	\$7,014	\$7,014.00
<b>6</b>	\$4,023	\$4,828	\$5,632	\$6,437	\$7,241	\$8,046	\$8,046.00
<b>7</b>	\$4,539	\$5,447	\$6,355	\$7,262	\$8,170	\$9,078	\$9,078.00
<b>8</b>	\$5,055	\$6,066	\$7,077	\$8,088	\$9,099	\$10,110	\$10,110.00
<b>For Each Additional Person, Add</b>	\$516	\$619	\$722	\$826	\$929	\$1,032	> \$1,032.00

SLIDING FEE SCHEDULE							
Annually Poverty Level	At or Below 100%	120%	140%	160%	180%	200%	Above 200%
Family Size	Nominal Fee: \$60.00	Discount 50% OFF	Discount 40% OFF	Discount 30% OFF	Discount 20% OFF	Discount 10% OFF	No Discount if Greater than
<b>1</b>	\$17,310	\$20,772	\$24,234	\$27,696	\$31,158	\$34,620	\$34,620.00
<b>2</b>	\$23,500	\$28,200	\$32,900	\$37,600	\$42,300	\$47,000	\$47,000.00
<b>3</b>	\$29,690	\$35,628	\$41,566	\$47,504	\$53,442	\$59,380	\$59,380.00
<b>4</b>	\$35,880	\$43,056	\$50,232	\$57,408	\$64,584	\$71,760	\$71,760.00
<b>5</b>	\$42,070	\$50,484	\$58,898	\$67,312	\$75,726	\$84,140	\$84,140.00
<b>6</b>	\$48,260	\$57,912	\$67,564	\$77,216	\$86,868	\$96,520	\$96,520.00
<b>7</b>	\$54,450	\$65,340	\$76,230	\$87,120	\$98,010	\$108,900	\$108,900.00
<b>8</b>	\$60,640	\$72,768	\$84,896	\$97,024	\$109,152	\$121,280	\$121,280.00
<b>For Each Additional Person, Add</b>	\$6,190	\$7,428	\$8,666	\$9,904	\$11,142	\$12,380	> \$12,380.00