

## Sliding Fee Discount Program

As a Community Health Center, we offer a Sliding Fee Discount Program based on household income and family size, which reduces the amount you pay for healthcare services. If you qualify, you may pay only 20 – 80% of the cost for most services. You may be eligible for this program even if you have insurance.

The Sliding Fee Discount Program application is available in English and Spanish at check-in at each health center site and on our website. All information on the application is kept confidential. We have designated staff available to help you with completing the application.

The Federal Poverty Guidelines will be used for the Sliding Fee Discount Program. If your income falls within the guidelines, we encourage you to apply.

Proof of income is required to process your application. The documents listed below are acceptable proof of income:

- W-2 Form
- Income tax returns
- Current pay stubs
- Bank statement showing direct deposits
- Unemployment award notice
- Social Security notice
- Child support and/or alimony
- Pension or retirement income
- Disability or workers' compensation determination letter
- Letter from employer establishing income

For questions, please inquire at the check-in desk at each clinic location.

## Schedule an Appointment

800-720-9553

### LOCATIONS:

Banning Community Health Center  
3055 West Ramsey  
Banning  
951-849-6794

Corona Community Health Center  
505 S. Buena Vista Ave.  
Corona  
951-272-5445

Hemet Community Health Center  
880 N. State St.  
Hemet  
951-766-2450

Indio Community Health Center  
47-923 Oasis St.  
Room 1-CL  
Indio  
760-863-8283

Jurupa Community Health Center  
9415 Mission Blvd.  
Jurupa  
951-360-8795

Lake Elsinore Community Health Center  
2499 E. Lakeshore Dr.  
Suite B  
Lake Elsinore  
951-471-4200

Palm Springs Community Health Center  
1515 North Sunrise Way  
Palm Springs  
760-778-2210

Dr. Robert Bruce Reid Health Center  
Perris Community Health Center  
308 E. San Jacinto Ave.  
Perris  
951-940-6700

Riverside Neighborhood Community Health Center  
7140 Indiana Ave.  
Riverside  
951-358-6000

Don Schroeder Family Care Center  
Rubidoux Community Health Center  
5256 Mission Blvd.  
Riverside  
951-955-0840  
951-955-5360  
(Dental Office)



Administrative Offices  
Health Administration Building  
4065 County Circle Drive  
Riverside, CA 92503  
951-358-5222  
[www.RUhealth.org/CHC](http://www.RUhealth.org/CHC)



# Sliding Fee Schedule

Our Sliding Fee Discount Program is available to all patients who qualify based on their annual household income and family size even if they have insurance. Fees, co-pays, co-insurance, and deductibles are eligible for a sliding fee discount. Please inquire at check-in if you would like to apply for our Sliding Fee Discount Program.

### Sliding Fee Discount Schedule

Based on the 2017 Federal Poverty Guidelines (FPG) | All Community Health Center Eligible Patients

| PAYMENT OBLIGATION                               |                                     |                                     |                                     |                                     |                                     |                          |
|--------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
|                                                  | Slide A<br>0-100% FPG               | Slide B<br>101-125% FPG             | Slide C<br>126-150% FPG             | Slide D<br>151-175% FPG             | Slide E<br>176-200% FPG             | Slide F<br>Over 200% FPG |
| <b>Medical</b>                                   | Patient Pays<br>\$20.00 Nominal Fee | Patient Pays<br>\$25.00 Nominal Fee | Patient Pays<br>\$30.00 Nominal Fee | Patient Pays<br>\$35.00 Nominal Fee | Patient Pays<br>\$40.00 Nominal Fee | No Discount              |
| <b>Pharmacy</b>                                  | Patient Pays<br>\$2.00 Nominal Fee  | Patient Pays<br>\$5.00 Nominal Fee  | Patient Pays<br>\$10.00 Nominal Fee | Patient Pays<br>\$15.00 Nominal Fee | Patient Pays<br>\$20.00 Nominal Fee | No Discount              |
| <b>Dental Preventative</b>                       | Patient Pays<br>\$30.00 Nominal Fee | Patient Pays<br>\$35.00 Nominal Fee | Patient Pays<br>\$40.00 Nominal Fee | Patient Pays<br>\$45.00 Nominal Fee | Patient Pays<br>\$50.00 Nominal Fee | No Discount              |
| <b>Dental Restorative<br/>(Procedure Only)**</b> | Patient Pays<br>\$50.00 Nominal Fee | Patient Pays<br>\$60.00 Nominal Fee | Patient Pays<br>\$70.00 Nominal Fee | Patient Pays<br>\$80.00 Nominal Fee | Patient Pays<br>\$85.00 Nominal Fee | No Discount              |
| <b>FAMILY SIZE*</b>                              | <b>ANNUAL INCOME</b>                |                                     |                                     |                                     |                                     |                          |
| 1                                                | \$0 - \$12,060.00                   | \$12,061.00 - \$15,075.00           | \$15,076.00 - \$18,090.00           | \$18,091.00 - \$21,105.00           | \$21,106.00 - \$24,120.00           | \$24,121.00 - ↑          |
| 2                                                | \$0 - \$16,240.00                   | \$16,241.00 - \$20,300.00           | \$20,301.00 - \$24,360.00           | \$24,361.00 - \$28,420.00           | \$28,421.00 - \$32,480.00           | \$32,481.00 - ↑          |
| 3                                                | \$0 - \$20,420.00                   | \$20,421.00 - \$25,525.00           | \$25,526.00 - \$30,630.00           | \$30,631.00 - \$35,735.00           | \$35,736.00 - \$40,840.00           | \$40,841.00 - ↑          |
| 4                                                | \$0 - \$24,600.00                   | \$24,601.00 - \$30,750.00           | \$30,751.00 - \$36,900.00           | \$36,901.00 - \$43,050.00           | \$43,051.00 - \$49,200.00           | \$49,201.00 - ↑          |
| 5                                                | \$0 - \$28,780.00                   | \$28,781.00 - \$35,975.00           | \$35,976.00 - \$43,170.00           | \$43,171.00 - \$50,365.00           | \$50,366.00 - \$57,560.00           | \$57,561.00 - ↑          |
| 6                                                | \$0 - \$32,960.00                   | \$32,961.00 - \$41,200.00           | \$41,201.00 - \$49,440.00           | \$49,441.00 - \$57,680.00           | \$57,681.00 - \$65,920.00           | \$65,921.00 - ↑          |
| 7                                                | \$0 - \$37,140.00                   | \$37,141.00 - \$46,425.00           | \$46,426.00 - \$55,710.00           | \$55,711.00 - \$64,995.00           | \$64,996.00 - \$74,280.00           | \$74,281.00 - ↑          |
| 8                                                | \$0 - \$41,320.00                   | \$41,321.00 - \$51,650.00           | \$51,651.00 - \$61,980.00           | \$61,981.00 - \$72,310.00           | \$72,311.00 - \$82,640.00           | \$82,641.00 - ↑          |

\*For family units with more than 8 members, add \$4,180.00 for each additional member. Example: Family of 9 FPG = \$41,320.00 + \$4,180.00 = \$45,500.00

\*\*When applicable, patient is responsible for all outside lab costs.