



**Coos County Family Health Services
Sliding Fee Program**

At Coos County Family Health Services, we offer a Sliding Fee Program to all of our clients. The Sliding Fee Program assists patients in receiving discounts on services offered at our facility. Once the application process has been completed, the Sliding Fee will be applicable on the following,

- Office visits and procedures
- Co-insurance/Deductible balances after insurance has processed claim
- Deductible balances after insurance has processed claim
- Level E (20% discount) will only be applicable to Family Planning Services.

To see if you qualify for the program you must;

1. Gather all your household financial income (See attached form for financial documentation requirements)
2. Complete and Return Application by one of the methods listed below

Mail to

Coos County Family Health Services
Attn: Elana Pouliot
133 Pleasant Street
Berlin, NH 03570

Drop off application at any of our locations

2 Broadway St 133 Pleasant St 59 Page Hill
Gorham, NH 03581 Berlin, NH 03570 Berlin, NH 03570

Fax to (603)752-1709

Attention: Elana Pouliot

**If you have any questions please contact Elana Pouliot at
(603)342-0215**



Please allow 30 days for your completed application to be processed prior to contacting our office

Sliding Fee Discount Application

Patient Name _____ Date of Birth: / / _____

Street Address _____

City, State, Zip Code _____

Home Telephone _____ Work Telephone _____

How many people are currently living in your household? Please circle one.

1 2 3 4 5 6 7 8 9 1 0

Are you currently pregnant? Please circle one. Y / N

Household Members	Name	Relationship to You	DOB	Male/Female	Gross Weekly Income
	Self				

Patient Signature (or responsible party) _____ Date _____

*By signing above, you are stating that the information you have provided is true, and you are authorizing CCFHS to verify that information.

******Box Below is for office use only******

Total Household Members: _____ Total Household Income: Monthly \$ _____ Annual \$ _____	
Discount: A B C D E	Effective: _____ Expiration: _____
Employee Signature: _____	Date: _____

All Applications must be returned within 30 days from
 Date Distributed: _____ Staff Initials: _____
 Date Received: _____ Staff Initials: _____

Dental Care Date/Staff Initials: _____ Expedite: Yes or No
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Please include the following financial documentation requirements with completed application.

1. Four current pay stubs or a complete copy of current Tax return
2. Social Security/Disability Income
3. Workers Compensation
4. Retirement/Pension
5. Unemployment
6. Notice of Decision from Department of Health and Human Services (**front and back sides**)
7. Self-Employment Income Logs/1099

Coos County Family Health Services Income Guidelines as of March 1, 2021

FAMILY SIZE	INCOME	A - 0-100% Medical \$10 Fee Dental \$25.00 Fee		B - 80% DISCOUNT 101-133% Medical \$20 Fee Dental \$30 Fee		C - 60% DISCOUNT 134-168%		D - 40% DISCOUNT 169-200%		E - 20% DISCOUNT* 201-250% Family Planning	
		\$0									
1	Annual	\$0	\$12,880	\$12,881	\$17,130	\$17,131	\$21,638	\$21,639	\$25,760	\$25,761	\$32,200
	Monthly	\$0	\$1,073	\$1,074	\$1,428	\$1,429	\$1,803	\$1,804	\$2,147	\$2,148	\$2,683
	Weekly	\$0	\$248	\$249	\$329	\$330	\$416	\$417	\$495	\$496	\$619
2	Annual	\$0	\$17,420	\$17,421	\$23,169	\$23,170	\$29,266	\$29,267	\$34,840	\$34,841	\$43,550
	Monthly	\$0	\$1,452	\$1,453	\$1,931	\$1,932	\$2,439	\$2,440	\$2,903	\$2,904	\$3,629
	Weekly	\$0	\$335	\$336	\$446	\$447	\$563	\$564	\$670	\$671	\$838
3	Annual	\$0	\$21,960	\$21,961	\$29,207	\$29,208	\$36,893	\$36,894	\$43,920	\$43,921	\$54,900
	Monthly	\$0	\$1,830	\$1,831	\$2,434	\$2,435	\$3,074	\$3,075	\$3,660	\$3,661	\$4,575
	Weekly	\$0	\$422	\$423	\$562	\$563	\$709	\$710	\$845	\$846	\$1,056
4	Annual	\$0	\$26,500	\$26,501	\$35,245	\$35,246	\$44,520	\$44,521	\$53,000	\$53,001	\$66,250
	Monthly	\$0	\$2,208	\$2,209	\$2,937	\$2,938	\$3,710	\$3,711	\$4,417	\$4,418	\$5,521
	Weekly	\$0	\$510	\$511	\$678	\$679	\$856	\$857	\$1,019	\$1,020	\$1,274
5	Annual	\$0	\$31,040	\$31,041	\$41,283	\$41,284	\$52,147	\$52,148	\$62,080	\$62,081	\$77,600
	Monthly	\$0	\$2,587	\$2,588	\$3,440	\$3,441	\$4,346	\$4,347	\$5,173	\$5,174	\$6,467
	Weekly	\$0	\$597	\$598	\$794	\$795	\$1,003	\$1,004	\$1,194	\$1,195	\$1,492
6	Annual	\$0	\$35,580	\$35,581	\$47,321	\$47,322	\$59,774	\$59,775	\$71,160	\$71,161	\$88,950
	Monthly	\$0	\$2,965	\$2,966	\$3,943	\$3,944	\$4,981	\$4,982	\$5,930	\$5,931	\$7,413
	Weekly	\$0	\$684	\$685	\$910	\$911	\$1,150	\$1,151	\$1,368	\$1,369	\$1,711
*Add the following Amounts for Each Additional Family Member (over 6):	Annual		\$4,540		\$6,038		\$7,627		\$9,080		\$11,350
	Monthly		\$378		\$503		\$636		\$757		\$946
	Weekly		\$87		\$116		\$147		\$175		\$218

Level E (20% Discount) applies to Family Planning Services only.