**What is the Sliding Fee Scale Program?**
The Sliding Fee Scale Program allows patients who are uninsured to receive healthcare services at a reduced cost at CareSouth Medical and Dental (CSMD) health clinics. This discount is based on your FAMILY SIZE and INCOME determined semi-annually by the federal government “Poverty Guidelines”.

**Who can apply for Sliding Fee Scale Program?**
CSMD accepts all patients regardless of their insurance or financial status. We are a Federally Qualified Health Center (FQHC) which allows us to offer a wide range of health care services to patients through the sliding fee scale.

**How do I apply for the Program?**
To be eligible for the Sliding Fee Scale Program, an individual is required to:
- Complete a one-page application
- Provide picture identification
- Provide proof of household income or financial assistance, and total number of people living with you.
  - **Household income is defined as** “Gross Income earned from ALL persons residing (living) within the home”
  - **Proof of Income:** a paycheck stub, yearly income tax return, copies of your social security/food stamps award letters, or other supporting documents you may receive as proof of family income

**What does the patient pay for services?**
Upon check-in the patient will be responsible for the amount according to their Sliding Fee Scale.

**Sliding Fee Scale Discount Rates**

*Medical Nominal Fee* for Scale “A” Office Visits only-$25; which also includes the following labs: 80053, 80061, 81001-81003 & 85025

*Dental Nominal Fee* for Scale “A”-$25; which includes the following codes: D0120, D0140, D0145, D0150, D0170, D0180, D0210, D0220, D0230, D0240, D0270, D0272, D0274 & D0330. All other office visits and/or procedures are discounted at the following percentages:

<table>
<thead>
<tr>
<th>Discount Percentage</th>
<th>Per-Visit Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>A-85% Discount</td>
<td>$25</td>
</tr>
<tr>
<td>B-80% Discount</td>
<td>$25</td>
</tr>
<tr>
<td>C-60% Discount</td>
<td>$25</td>
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<tr>
<td>D-40% Discount</td>
<td>$25</td>
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<tr>
<td>E-20% Discount</td>
<td></td>
</tr>
<tr>
<td>F-0% Discount</td>
<td></td>
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</tbody>
</table>

**Billing for Services**
All co-pays are due at the time of service. If a patient is unable to pay the balance at the time of service, a promissory note will be offered and all remaining charges will be billed to the patient.

*To qualify for this discounted rate, please contact our office at (225) 650-2000 for further details.*