



Sliding Fee Program Application

The Mission of Main Street Family Medicine is to provide access to quality primary and urgent health care for the residents of Enterprise and surrounding communities regardless of ability to pay. We will take a holistic approach to maintaining a healthy community through education, prevention, and a community networking system. Main Street Family Medicine assures that no patient will be denied healthcare due to their inability to pay. Eligibility for MSFM’s Sliding Fee program is determined based upon annual income and household size. A discounted fee will be charged per visit to all eligible patients according to federal income guidelines. This form must be completed every 12 months or any time your financial situation changes. In order to offer you a discount on medical services, it is necessary to ask some personal questions. Your answers will be kept secure and confidential.

Patient Information

Patient Name: _____ Date: _____

Date of Birth: _____ Social Security #: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Marital Status: (Circle) Single Married Divorced Separated

Do you have health insurance? (Circle) Yes No

Insurance Company: _____

Policy Number: _____

Household Size

	Name	Relationship	Date of Birth	SSN
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				

Income Eligibility Chart 2022

Main Street Family Medicine will calculate your total annual household income and use that figure to determine your level of discount. The following chart is for reference.

Annual Income Thresholds by Sliding Fee Discount Pay Class and % Poverty						
Poverty Level *	At or Below 100%	100-125%	125-150%	150-175%	175-200%	Above 200%
Family Size	Nominal Fee \$25	% Charge				
		20% Pay	40% Pay	60% Pay	80% Pay	100% Pay
1	\$0 - 13,590	13,591 – 16,988	16,989 – 20,385	20,386 – 23,783	23,784 – 27,180	\$27,181+
2	\$0 - \$18,310	18,311 – 22,888	22,889 – 27,465	27,465 – 32,043	32,044 – 36,620	\$36,621+
3	\$0 - \$23,030	23,031 – 28,788	28,789 – 34,545	34,546 – 40,303	40,304 – 46,060	\$46,061+
4	\$0 – 27,750	27,751 – 34,688	34,689 – 41,625	41,626 – 48,563	48,564 – 55,500	\$55,501+
5	\$0 – 32,470	32,471 – 41,588	41,589 – 48,705	48,706 – 56,823	56,824 – 64,940	\$64,941+
6	\$0 – 37,190	37,191 – 46,488	46,489 – 55,785	55,786 – 65,083	65,084 – 74,380	\$74,381+
7	\$0 – 41,910	41,911 – 52,388	52,389 – 62,865	62,866 – 73,343	73,344 – 83,320	\$83,321+
8	\$0 – 46,630	46,631 – 58,288	58,289 – 69,945	69,946 – 81,603	81,604 – 93,260	\$93,261+
Each Add'l	\$4,720	\$5,900	\$7,080	\$8,260	\$9,440	\$9,440

*Source: HHS 2022 Federal Poverty Guidelines