

THE PRIORITY CARE CENTER

HUMBOLDT IPA POLICY

BILLING AND FINANCIAL POLICY

Exhibit A

2017 Sliding Scale Application
To qualify for Sliding Scale, this form must be completed annually.

Eligible

- Medi-Cal insured with a share of cost
- Private Pay/Self Pay Primary Care

Non-Eligible

- Medicare co-pay and deductible
- HMO co-pay & Commercial insurance deductible and co-insurance
- Self-Pay Care Coordination and Wellness Programs

Circle the Gross Family Income related to the number of people in your household.

Family size	2016 Gross Family Income		
	100%	150%	200%
1	\$11,880	\$17,820	\$23,760
2	16,020	24,030	32,040
3	20,160	30,240	40,320
4	24,300	36,450	48,600
5	28,440	42,660	56,880
6	32,580	48,870	65,160
7	36,730	55,095	73,460
8	40,890	61,335	81,780
For each additional person, add	\$4,160	\$6,240	\$8,320

I confirm that the above information is true and correct.

Signature _____ Date _____

Print Name _____