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 everyone's financial income that is in your household
(See attached form page 2 for approved types of financial proof of income requirements)

☐ 2. Complete and return the attached application, **including** proof of income requested above, by one of the methods listed below:

Mail to:
Coos County Family Health Services
Attn: Billing Department
133 Pleasant Street
Berlin, NH 03570

Drop off application at any of our locations:

2 Broadway St Gorham, NH 03581	162 Main St, Ste 2 Gorham, NH 03581	133 Pleasant St Berlin, NH 03570
6 First Street Colebrook, NH 03576	59 Page Hill Berlin, NH 03570	

Fax to (603)752-1709, Attention: Billing Department

If you have any questions, please contact Billing Department at (603) 752-2040 x1393

coos county Family Health

*** 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: ____/____/____

Physical Address: _____
Street Address City, State, Zip Code

Home Telephone: _____ Cellphone Number: _____

How many people are currently living in your household? Please circle one.
1 2 3 4 5 6 7 8 9 10

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

Please submit your application with proof of income for everyone listed below, if applicable. *(If you need more lines, please write on back of this sheet)*

Household Members	Name	Relationship to You	Date of Birth	Male / Female	Gross Weekly Income
	Patient Listed Above	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 Office:
Date/Staff Initials: _____
Expedite: Yes or No

(Revised 05/2024)

Please include one of the following for proof of income 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 April 1, 2024

FAMILY SIZE	INCOME	A 0-100% Medical $10 Fee Dental $30 Fee		B 101-133% Medical $20 Fee Dental $45 Fee		C 134-168% Medical $30 Fee Dental $55 Fee		D 169-200% Medical $40 Fee Dental $65 Fee		E 201-250% 20% Discount* **Family Planning**	
1	Annual	$0	$15,060	$15,061	$20,030	$20,031	$25,301	$25,302	$30,120	$30,121	$37,650
	Monthly	$0	$1,255	$1,255	$1,669	$1,669	$2,108	$2,109	$2,510	$2,511	$3,138
	Weekly	$0	$290	$290	$385	$385	$487	$487	$579	$580	$724
2	Annual	$0	$20,440	$20,441	$27,185	$27,187	$34,339	$34,341	$40,880	$40,881	$51,101
	Monthly	$0	$1,703	$1,703	$2,265	$2,266	$2,862	$2,862	$3,407	$3,408	$4,258
	Weekly	$0	$393	$393	$523	$523	$660	$660	$786	$787	$983
3	Annual	$0	$25,820	$25,821	$34,341	$34,342	$43,378	$43,379	$51,640	$51,641	$64,550
	Monthly	$0	$2,152	$2,152	$2,862	$2,862	$3,615	$3,615	$4,303	$4,304	$5,379
	Weekly	$0	$497	$497	$660	$660	$834	$834	$993	$994	$1,241
4	Annual	$0	$31,200	$31,201	$41,496	$41,497	$52,416	$52,418	$62,400	$62,401	$78,000
	Monthly	$0	$2,600	$2,600	$3,458	$3,458	$4,368	$4,368	$5,200	$5,201	$6,500
	Weekly	$0	$600	$600	$798	$798	$1,008	$1,008	$1,200	$1,201	$1,500
5	Annual	$0	$36,580	$36,581	$48,651	$48,653	$61,454	$61,456	$73,160	$73,161	$91,450
	Monthly	$0	$3,048	$3,048	$4,054	$4,054	$5,121	$5,121	$6,097	$6,098	$7,621
	Weekly	$0	$703	$703	$936	$936	$1,182	$1,182	$1,407	$1,408	$1,759
6	Annual	$0	$41,960	$41,961	$55,807	$55,808	$70,493	$70,494	$83,920	$83,921	$104,900
	Monthly	$0	$3,497	$3,497	$4,651	$4,651	$5,874	$5,875	$6,993	$6,994	$8,742
	Weekly	$0	$807	$807	$1,073	$1,073	$1,356	$1,356	$1,614	$1,615	$2,017
7	Annual	$0	$47,340	$47,341	$62,962	$62,964	$79,531	$79,533	$94,680	$94,681	$118,350
	Monthly	$0	$3,945	$3,945	$5,247	$5,247	$6,628	$6,628	$7,890	$7,891	$9,863
	Weekly	$0	$910	$910	$1,211	$1,211	$1,529	$1,529	$1,821	$1,822	$2,276
8	Annual	$0	$52,720	$52,721	$70,118	$70,119	$88,570	$88,571	$105,440	$105,441	$131,800
	Monthly	$0	$4,393	$4,393	$5,843	$5,843	$7,381	$7,381	$8,787	$8,788	$10,983
	Weekly	$0	$1,014	$1,014	$1,348	$1,348	$1,703	$1,703	$2,028	$2,029	$2,535
Add the following Amounts for Each Additional Family Member (over 8):	Annual		$5,380		$7,155		$9,038		$10,760		$13,450
	Monthly		$448		$596		$753		$897		$1,121
	Weekly		$103		$138		$174		$207		$259

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

Notice of Changes to CCFHS' Sliding Fee Discount Program

Coos County Family Health Services has reviewed its sliding fee discount program for the upcoming year. The organization is providing this brief notice to inform program participants of the changes. Program fees for the upcoming year are identified below.

Level A	$10 for Medical; $30 for Dental
Level B	$20 for Medical; $45 for Dental
Level C	$30 for Medical; $55 for Dental
Level D	$40 for Medical; $65 for Dental

Sliding fee discount fees for medical and dental services have not changed since last year.

Should you have any questions about these changes, please contact the Billing Department for more information.

Sincerely,

CCFHS Billing

***Please note some dental services are subject to different fees than listed above. ***