

Sliding Fee Program

Please keep this page for reference

At Coös County Family Health Services, we offer all our clients a Sliding Fee Program. 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:

NOTE: Not all Medical or Dental procedures will qualify for the sliding fee scale.
If you have any questions, please contact the Billing Department at
(603) 752-2040 x1393

MEDICAL Patient:

Your benefits as a qualified CCFHS **Medical** Sliding Fee Scale fee are applicable at all of our CCFHS medical locations. The discount slide applies to:

- **Office visits**
- **Co-insurance / Deductible:** Amounts after health insurance has processed the claim
- **Copays:** Depending on the approved Slide Discount, we will use the lesser of the two.
- **Family Planning:** Applicable to office visits.
- **Slide Level E Approval Only:** If you are approved for Level E (20% discount), this applies to Family Planning Services only.

DENTAL Patient:

Your benefits as a qualified CCFHS **Dental** Sliding Fee Scale fee are applicable at both of our CCFHS dental locations. The Sliding Fee Scale is applied differently to certain procedures and/or cannot be applied to certain procedures. The dental discount slide applies to:

- **Office visit**
- **Co-insurance / Deductible:** Amounts after health insurance has processed the claim
- **Copays:** Depending on the approved Slide Discount, we will use the lesser of the two.
- **Filling:** Charged per tooth
- **Extractions:** Charged per extraction

NOTE: Please ensure to return the application and all supporting documents of your office visit or you will be considered “Self-Pay” and responsible for paying the entire bill. CCFHS will not backdate applications beyond 30 days from the date the completed application is received by CCFHS.

REMINDER: Sliding Fee Discount Copays – the Sliding Fee Payments are due at the time of the appointment

Sliding Fee Scale Application Instructions

1. Please fill out the Sliding Fee Scale application in its entirety. For the application to be complete, you **must provide supporting proof of income documentation** or initial that you do not receive an income at all. Make copies of your proof of income and either attach to or have them accompany the Sliding Fee Scale Application (next page).
2. When filling out the Sliding Fee Scale application you must:
 - a. Print a copy of the application.
 - b. Fill in Household Size and Income for each dependent household member (see SFS – Commonly Asked Questions).
 - c. Starting left to right, write your name on the first line as the “Applicant”.
 - d. Next, list the types of income you receive and the amount.
 - e. If you have listed more than one in your household, write in the name of each additional member of your household, their Date of Birth, Social Security Number, relation to you, and type of income they receive.
 - f. If you need help determining which type of income to list, use the “Income Status Documentation Required” listed on the application form.
 - g. For example: if you or any members of your household are employed bi-weekly, you would need to provide copies of two of your most recent paycheck stubs as it states in the “Income Status Documentation Required”.
3. If you or any other member of your household receives no income at all, write “No Income” in the “Type of Income” to the right of that household member’s name and initial below “Income Status Documentation Required” either one or both of the lines stating that you and/or the household member receive no income at all (under oath).
4. Read the commonly asked questions to see if you have any additional questions that may be answered as you fill out the Sliding Fee Scale application.
5. Print, sign, and date the application.
6. Send the completed application and copies of supporting proof of income to Attn: Billing Department, 133 Pleasant Street, Berlin, NH 03570, or you can drop it off at your physician’s office.
7. If you mailed your application via mail or dropped it off at one of our locations in person, please wait 48 hours before contacting us to verify your receipt of your application. Please allow 30 days to process your application. If you are deemed eligible, we will notify you via mail of the approval or denial.
8. CCFHS will no longer back date your application more than 30 days from the date CCFHS receives your **COMPLETED** application (including **ALL** supporting documents needed).



**Must be Filled Out
For Office Use Only:**

Date Received: _____

Staff Initials: _____

Sliding Fee Scale Application

Return this page

HOUSEHOLD SIZE and INCOME FOR EACH HOUSEHOLD MEMBER

Your sliding fee scale is based on TOTAL household income and size

New Application: _____

Renewal Application: _____

Exp Date: _____

of people in Household (Self & Dependents) _____ (If more space is needed, please use back page to list)

Name	Date of Birth	Social Security Number	Relationship to Applicant	Type of Income (From Below)	Gross Amt of Monthly Income
			SELF		

INCOME STATUS DOCUMENTATION REQUIRED

Updated: 04/01/2026

I (applicant) hereby declare that I will provide the required documentation **within 48 hours of the office visit** or my bill will be submitted as "Self-Pay" which means I (applicant) will be responsible for paying the entire bill instead of receiving the customary sliding fee scale discount and/or office co-pay.

(please initial) _____

EMPLOYED

Weekly – Four consecutive pay stubs
Bi-Weekly – Two consecutive pay stubs

SELF EMPLOYED

Self-Employed – Most recent Federal tax return with supporting schedules
Business Income – Most recent Federal Business and personal tax returns

UNEMPLOYED

Unemployment claim determination letter

RETIREMENT ⁽¹⁾

Social Security statement, official documents showing private pension, annuities, or individual retirement accounts

INTEREST/DIVIDENDS

Bank and/or investment account statements

ALIMONY/CHILD SUPPORT

Legal documents showing amounts ordered to be paid for support and/or alimony

DISABILITY ⁽¹⁾

Social Security disability statement or tax return

OTHER

Any other form of income not stated above

NO INCOME IS RECEIVED ^{(2) & (3)}

No income is received from any source

(1) Social Security income is the gross amount before Medicare deductions.

(2) I (applicant) hereby declare that I do not receive any income from any source. (please initial) _____

(3) I (applicant) hereby declare that each member of my household listed as "no income is received" does not receive any income from any source. (please initial) _____

I certify that the information (total household income and total household size) and all supporting documentation I have given is complete and accurate to the best of my knowledge. I understand that failure to provide accurate information may result in termination of services with participating practices and at CCFHS, and CCFHS may refer documents to an appropriate federal agency for further investigation.

I understand I must pay my discounted Sliding Fee Scale amount for each medical or dental office visit at the time of service when using CCFHS' Sliding Fee Scale Program. (please initial) _____

Applicant Name: _____ Signature: _____ Date: _____

Co-Applicant Name: _____ Signature: _____ Date: _____





Sliding Fee Scale - Commonly Asked Questions

Who is considered a household member for determining household size?

When determining household size for sliding fee eligibility, CCFHS will consider anyone living in the household, where a legal financial responsibility for support exists, as members of the household. CCFHS will also consider unmarried individuals living together to be household members if there is at least one child that is the biological offspring of both individuals. Unmarried individuals living together with no common children will be considered separate households. Same-sex marriages and civil unions will be considered the same as any other married couple. For an individual to be considered as a member of the household, they must be claimed as a dependent on your yearly tax return.

Individuals living in the household that are related to the sliding fee applicant where there is no legal financial responsibility for support, such as a brother, sister or parent, do not count as household member, and should file their own sliding fee application.

Non-related persons do not count as household members unless there is a legal requirement for support, for example, legal guardianship. Please supply CCFHS with a Court Order for supporting documentation of legal financial requirements, if we do not have it on file already.

Who in the household is eligible for the Sliding Fee Scale once Household Size is determined?

Any member of the household listed on the application as legally binding and 19 years of age and older (any child 18 years and younger should be eligible for Medicaid) would be eligible to receive the Sliding Fee Scale discounts if eligibility requirements are met.

How often do I need to apply for the Sliding Fee Scale?

You must apply every 12 months or if there is a change in the number of people or income status in the total household*. Prior-year tax returns can only be used up until 4/30 of the current year, unless you are self-employed. Income will then be based on current year's tax return.

***Financial Hardship and if unemployed** – approval of discounted sliding fee will be approved a temporary basis and you will need to **reapply every 3 months**.

When will my sliding fee discount be effective?

Please allow 30 days for the processing of your application. CCFHS **will not** backdate an application approval date beyond 30 days of the date the **completed** application is received by our office. Completed - meaning when the application has **ALL of the required documentation provided**.

If I do not want to divulge financial information, am I still eligible for Sliding Fee Scale?

Patients are not obligated or required to participate in the Sliding Fee Scale program and will subsequently be selected as "Self-Pay" status and responsible for all charges in total incurred during any visit to an CCFHS office for any purpose.

If I have dental insurance, am I eligible for Sliding Fee Scale?

If the patient meets the eligibility criteria for the Sliding Fee Program and it is not prohibited by the dental insurance contract then the sliding fee discount can be applied to the amount owed by the patient after insurance payments.



Sliding Fee Scale - Commonly Asked Questions Continued...

If I am a patient at the CCFHS Dental & Oral Health Center only and do not have a CCFHS Primary Care Provider, am I eligible for other Sliding Fee Scale benefits?

No, all of our Medical and Dental facilities fall under the same Sliding Fee program, regardless of whether you are a dental patient only or a medical patient only.

Does the Sliding Fee cover Dental Crowns, Dentures, or Bridges?

No, the sliding fee discount is not applicable for these types of procedures.

Does the Sliding Fee cover supplies and/or DME items?

No, the sliding fee discount is not applicable on supply items or DME items.

If I have Medicaid with a spend-down, may I apply for Sliding Fee Scale?

Yes, if you have a spend-down with Medicaid, you are considered uninsured until the spend-down is met. Once the spenddown is met, the Sliding Fee Scale will become inactive and all charges for the patient will be billed to Medicaid. CCFHS will not send any part of the claims under the sliding fee scale to Medicaid to be applied toward their spend-down. You can obtain a receipt for the amount paid to CCFHS and submit that to Medicaid.

If I am self-employed or have income derived from a business how is my income calculated and what forms of documentation do I need to submit to apply for Sliding Fee Scale?

If you are self-employed or own a business, a tax return is used to determine income. We would also ask for all supporting schedules as well.

If I am self-employed or own my own business and my Sliding Fee Scale is set to expire before April 15th of the year and/or I will be filing for an extension on my tax return, what documentation do I need to apply for my Sliding Fee Scale?

If you are due to have your income verified between January 1st and April 15th and have not yet completed your tax return, you will need to sign a declaration of income that you will report on your tax return. We will extend your Sliding Fee Scale eligibility until April 15th and you will submit your tax return to CCFHS once it is completed. If the amount reported in your declaration of estimated income varies from the actual tax return you have submitted to IRS, you will be responsible for paying any differences in that change (or you will be credited if we have overcharged). If you are filing for an extension on your tax return, you are required to submit a copy of the extension form filed with the IRS and we will follow the same self-declaration procedure for determining income as listed above. We will extend your Sliding Fee Scale eligibility for 30 days based on your declaration of income and you must provide documentation within 30 days to remain eligible. If the amount reported in your declaration of estimated income varies from your tax return submitted to the IRS you will be responsible to pay for any differences in that change (or you will be credited if we have overcharged).

What if my income changes during the year and/or before my current Sliding Fee expires?

If your income changes at any point during the year, prior to the expiration of your current Sliding Fee Discount, you are encouraged to submit a new application so your eligibility and discount level can be reassessed accordingly.

REMINDER: Sliding Fee Scale Fees – the Payment is due at the time of the appointment



Coos County Family Health Services Income Guidelines as of April 1, 2026

FAMILY SIZE	INCOME	A 0-100%		B 101-133%		C 134-168%		D 169-200%		E 201-250% 20% Discount*	
		Medical \$10 Fee	Dental \$30 Fee	Medical \$20 Fee	Dental \$45 Fee	Medical \$30 Fee	Dental \$55 Fee	Medical \$40 Fee	Dental \$65 Fee	Family Planning	
1	Annual	\$0	\$15,960	\$15,961	\$21,227	\$21,228	\$26,813	\$26,814	\$31,920	\$31,921	\$39,900
	Monthly	\$0	\$1,330	\$1,331	\$1,769	\$1,770	\$2,234	\$2,235	\$2,660	\$2,661	\$3,325
	Weekly	\$0	\$307	\$308	\$408	\$409	\$516	\$517	\$614	\$615	\$767
2	Annual	\$0	\$21,640	\$21,641	\$28,781	\$28,782	\$36,355	\$36,356	\$43,280	\$43,281	\$54,100
	Monthly	\$0	\$1,803	\$1,804	\$2,398	\$2,399	\$3,030	\$3,031	\$3,607	\$3,608	\$4,508
	Weekly	\$0	\$416	\$417	\$553	\$554	\$699	\$700	\$832	\$833	\$1,040
3	Annual	\$0	\$27,320	\$27,321	\$36,336	\$36,337	\$45,898	\$45,899	\$54,640	\$54,641	\$68,300
	Monthly	\$0	\$2,277	\$2,278	\$3,028	\$3,029	\$3,825	\$3,826	\$4,553	\$4,554	\$5,692
	Weekly	\$0	\$525	\$526	\$699	\$700	\$883	\$884	\$1,051	\$1,052	\$1,313
4	Annual	\$0	\$33,000	\$33,001	\$43,890	\$43,891	\$55,440	\$55,441	\$66,000	\$66,001	\$82,500
	Monthly	\$0	\$2,750	\$2,751	\$3,658	\$3,659	\$4,620	\$4,621	\$5,500	\$5,501	\$6,875
	Weekly	\$0	\$635	\$636	\$844	\$845	\$1,066	\$1,067	\$1,269	\$1,270	\$1,587
5	Annual	\$0	\$38,680	\$38,681	\$51,444	\$51,445	\$64,982	\$64,983	\$77,360	\$77,361	\$96,700
	Monthly	\$0	\$3,223	\$3,224	\$4,287	\$4,288	\$5,415	\$5,416	\$6,447	\$6,448	\$8,058
	Weekly	\$0	\$744	\$745	\$989	\$990	\$1,250	\$1,251	\$1,488	\$1,489	\$1,860
6	Annual	\$0	\$44,360	\$44,361	\$58,999	\$59,000	\$74,525	\$74,526	\$88,720	\$88,721	\$110,900
	Monthly	\$0	\$3,697	\$3,698	\$4,917	\$4,918	\$6,210	\$6,211	\$7,393	\$7,394	\$9,242
	Weekly	\$0	\$853	\$854	\$1,135	\$1,136	\$1,433	\$1,434	\$1,706	\$1,707	\$2,133
7	Annual	\$0	\$50,040	\$50,041	\$66,553	\$66,554	\$84,067	\$84,068	\$100,080	\$100,081	\$125,100
	Monthly	\$0	\$4,170	\$4,171	\$5,546	\$5,547	\$7,006	\$7,007	\$8,340	\$8,341	\$10,425
	Weekly	\$0	\$962	\$963	\$1,280	\$1,281	\$1,617	\$1,618	\$1,925	\$1,926	\$2,406
8	Annual	\$0	\$55,720	\$55,721	\$74,108	\$74,109	\$93,610	\$93,611	\$111,440	\$111,441	\$139,300
	Monthly	\$0	\$4,643	\$4,644	\$6,176	\$6,177	\$7,801	\$7,802	\$9,287	\$9,288	\$11,608
	Weekly	\$0	\$1,072	\$1,073	\$1,425	\$1,426	\$1,800	\$1,801	\$2,143	\$2,144	\$2,679
Add the following Amounts for Each Additional Family Member (over 8):	Annual		\$5,680		\$7,554		\$9,542		\$11,360		\$14,200
	Monthly		\$473		\$630		\$795		\$947		\$1,183
	Weekly		\$109		\$145		\$184		\$218		\$273

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

Please note: If you qualify for the Sliding Fee Discount program at CCFHS, this information will be shared with Androscoggin Valley Hospital Laboratory Services, as they have agreed to extend the sliding fee discount to their services as well.



NOTICE TO PATIENTS: SLIDING FEE DISCOUNT PROGRAM POLICY UPDATE

Effective Date: January 1, 2026

We are writing to inform you of an important update to our **Sliding Fee Discount Program**. Effective **January 1, 2026**, the way household income is calculated for eligibility and discount determination will change.


As part of this update, **health insurance premium costs will now be taken into account** when determining your adjusted gross income.

How income will be calculated going forward:

- **Social Security recipients (SSA) with Medicare Part B**
The Medicare Part B premium will be deducted from your gross income.
- **Employed patients with payroll-deducted health insurance**
Your health insurance premium deduction will be subtracted from your gross income.
- **Self-employed patients**
Your gross income will be used, and **25% will be deducted** to account for health insurance expenses when determining your annual income.
- **Patients who pay for health insurance out of pocket**
If you pay your health insurance premiums directly, you may provide an invoice or documentation showing your monthly premium, and this amount will be taken into consideration when determining your income.
- **Uninsured patients**
Gross household income will be used when determining eligibility and discount level.

These changes are intended to provide a more accurate and equitable assessment of income for patients participating in the Sliding Fee Discount Program.

If you have questions, need clarification, or would like assistance understanding how this change may affect you, please contact:

Brenda Ladd
Billing Manager
 (603) 752-2040 ext. 1304

Thank you for your understanding and continued trust in our care.