



Polara Health

GUIDING YOUR WAY TO WELLNESS SINCE 1966

It is the policy of Polara Health to provide medically necessary services regardless of a client's ability or inability to pay. Sliding fees are offered based upon family/household size and annual income. Please complete the following information and return to any Front Desk to determine if you or your family members are eligible for a sliding fee. Until you complete the application full fees will be assessed.

The sliding fee will apply to all in-office services received from Polara Health. This sliding fee scale agreement does not apply to services received or purchased from outside facilities, including, but not limited to: laboratory services, prescription, x-rays and other testing, or any other outside services.

Upon approval, the sliding fee will be offered for one year or until such time that the applicant's financial situation changes. It is the applicant's responsibility to report all changes of financial situations to their assigned case manager promptly.

Household Income				
When listing income please include all sources such as: gross wages, tips, social security, disability, pensions, annuities, Veteran's payments, self-employment income, alimony, child support, unemployment, and public assistance				
<input type="checkbox"/> Annual Income	Self	Spouse	Dependent Children under age 18	Total for Household
<input type="checkbox"/> Monthly Income				
<input type="checkbox"/> Bi-weekly Income				
Persons in Household				
Assigned Fee Level				

I certify that the family size and income information listed above is correct. I understand that I may be required to provide verification of the amounts listed before discounted services are approved

Applicant's Name _____ ID _____

Signature (Parent/Guardian if under 18)X _____ Date _____

These numbers are based upon the Federal Poverty Level (FPL). FPL is determined yearly by the Department of Health & Human Services based on changes in cost of living. Agency numbers are subject to change due to Federal Adjustments.

%Gross Annual Income	100%	125%	150%	180%	200%	>200%
Household Size	\$10/per visit	20%	40%	60%	80%	Full Fee
1	\$0-\$14,580	\$14,581-\$18,225	\$18,226-\$21,870	\$21,871-\$26,244	\$26,245-\$29,160	>\$29,160
2	\$0-\$19,720	\$19,721-\$24,650	\$24,651-\$29,580	\$29,581-\$35,496	\$35,497-\$39,440	>\$39,440
3	\$0-\$24,860	\$24,861-\$31,075	\$31,076-\$37,290	\$37,290-\$44,748	\$44,749-\$49,720	>\$49,720
4	\$0-\$30,000	\$30,001-\$37,500	\$37,501-\$45,000	\$45,001-\$54,000	\$54,001-\$60,000	>\$60,000
5	\$0-\$35,140	\$35,141-\$43,925	\$43,926-\$52,710	\$52,711-\$63,252	\$63,253-\$70,280	>\$70,280
6	\$0-\$40,280	\$40,281-\$50,350	\$50,351-\$60,420	\$60,421-\$72,504	\$72,505-\$80,560	>\$80,560
7	\$0-\$45,420	\$45,421-\$56,775	\$56,776-\$68,130	\$68,131-\$81,756	\$81,757-\$90,840	>\$90,840
8	\$0-\$50,560	\$50,561-\$63,200	\$63,201-\$75,840	\$75,841-\$91,008	\$91,009-\$101,120	>\$101,120
9	\$0-\$55,700	\$55,701-\$69,625	\$69,626-\$83,550	\$83,551-\$100,260	\$100,261-\$111,400	>\$111,400
10	\$0-\$60,840	\$60,841-\$76,050	\$76,051-\$91,260	\$91,261-\$109,512	\$109,513-\$121,680	>\$121,680

HILLSIDE CENTER
642 Dameron Dr.
Prescott, AZ 86301

CORTEZ CLINIC
505 S. Cortez St.
Prescott, AZ 86303

RUTH STREET INTEGRATED CARE CLINIC
625 Hillside Ave.
Prescott, AZ 86301

HADDON HOUSE
711 Hillside Ave.
Prescott, AZ 86301

CHINO VALLEY CLINIC
555 W. Road 3 North
Chino Valley, AZ 86323

ADMINISTRATION
3343 N. Windsong Dr.
Prescott Valley, AZ 86314

WINDSONG CENTER
3345 N. Windsong Dr.
Prescott Valley, AZ 86314

WINDHAVEN CENTER
3347 N. Windsong Dr.
Prescott Valley, AZ 86314

WINDHAVEN PSYCHIATRIC HOSPITAL
3347 N. Windsong Dr.
First Floor, Windhaven Ctr.
Prescott Valley, AZ 86314

CRISIS STABILIZATION UNIT
8655 E. Eastridge Dr.
Prescott Valley, AZ 86314

