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 | | | | |
|  Annual Income   Monthly Income  Bi-weekly Income | **Self** | **Spouse** | **Dependent Children under age 18** | **Total for Household** |
|  |  |  |  |
| **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 |

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



**HILLSIDE CENTER** 642 Dameron Dr. Prescott, AZ 86301

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

**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

928-445-5211

[polarahealth.com](http://polarahealth.com)