

### SLIDING FEE DISCOUNT PROGRAM

PATIENT NAME	DATE OF BIRTH MM/DD/YYYY	DATE
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Hyndman Area Health Center, Inc. (HAHC) offers a sliding fee scale to patients based on their income and family size. To see if you qualify, please complete the following, which is based off the 2025 federal poverty guidelines. If you qualify, a Patient Service Representative will have you complete the Sliding Fee Scale Application as the next step. **Proof of household income will be required.**

Please **circle** your family size with your combined estimated annual household income:

<b>Family Size: 1</b>	\$15,650.00	\$15,806.50	\$19,719.00	\$23,631.50	\$27,544.00	\$31,456.50
<b>Family Size: 2</b>	\$21,150.00	\$21,361.50	\$26,649.00	\$31,936.50	\$37,224.00	\$42,511.50
<b>Family Size: 3</b>	\$26,650.00	\$26,916.50	\$33,579.00	\$40,241.50	\$46,904.00	\$53,566.50
<b>Family Size: 4</b>	\$32,150.00	\$32,471.50	\$40,509.00	\$48,546.50	\$56,584.00	\$64,621.50
<b>Family Size: 5</b>	\$37,650.00	\$38,026.50	\$47,439.00	\$56,851.50	\$66,264.00	\$75,676.50
<b>Family Size: 6</b>	\$43,150.00	\$43,581.50	\$54,369.00	\$65,156.50	\$75,944.00	\$86,731.50
<b>Family Size: 7</b>	\$48,650.00	\$49,136.50	\$61,299.00	\$73,461.50	\$85,624.00	\$97,786.50
<b>Family Size: 8</b>	\$54,150.00	\$54,691.50	\$68,229.00	\$81,766.50	\$95,304.00	\$108,841.50

***\*For each additional household member above family size of 8 add \$5,500***

### ALERTS AND NOTIFICATIONS

HAHC strives to enable patients to take part in achieving their health care goals. Through our automated voice, text, and email messaging system we will keep you informed of upcoming appointments and send you friendly reminders. If you provided your email, you will have access to our Patient Portal where you can access your health history, see upcoming appointments, test results, and much more. Please select your preferences below.

- I would like to receive alerts and notifications by: (check all that apply)
  - ☐ Voice
  - ☐ Text
- When would you like to receive alerts and notifications? (check one)
  - ☐ Morning
  - ☐ Afternoon
  - ☐ Evening
- Type of alerts and notifications I would like to receive: (check all that apply)
  - ☐ Appointment Reminders
  - ☐ Lab Results
  - ☐ Health Maintenance
  - ☐ Rx Confirmations
  - ☐ General Notification