

The Village Network Sliding Fee Scale

The Village Network is able to offer a discount on outpatient clinic visits based on a household's income and size. Sliding fee calculations are determined by using Federal Income Tax forms, W-2's, or last two consecutive pay stubs. Staff of The Village Network uses the table below to determine your eligibility. Your household discount will be assessed annually.

| Poverty Level* | At or Below 100% | 125% | 150% | 175% | 200% | Above 200% |
|--------------------------------|-------------------|-------------------|-------------------|-------------------|-------------------|------------|
| Family Size | Nominal Fee (\$5) | 20% pay | 40% pay | 60% pay | 80% pay | 100% pay |
| 1 | 0-\$11,880 | \$11,881-\$14,850 | \$14,851-\$17,820 | \$17,821-\$20,790 | \$20,791-\$23,760 | \$23,761+ |
| 2 | 0-\$16,020 | \$16,021-\$20,025 | \$20,026-\$24,030 | \$24,031-\$28,035 | \$28,036-\$32,040 | \$32,041+ |
| 3 | 0-\$20,160 | \$20,161-\$25,200 | \$25,201-\$30,240 | \$30,241-\$35,280 | \$35,281-\$40,320 | \$40,321+ |
| 4 | 0-\$24,300 | \$24,301-\$30,375 | \$30,376-\$36,450 | \$36,451-\$42,525 | \$42,526-\$48,600 | \$48,601+ |
| 5 | 0-\$28,440 | \$28,441-\$35,500 | \$35,501-\$42,660 | \$42,661-\$49,770 | \$49,771-\$56,880 | \$56,881+ |
| 6 | 0-\$32,580 | \$32,581-\$40,625 | \$40,626-\$48,870 | \$48,871-\$57,015 | \$57,016-\$65,160 | \$65,161+ |
| 7 | 0-\$36,730 | \$36,731-\$45,913 | \$45,914-\$55,095 | \$55,096-\$64,278 | \$64,279-\$73,460 | \$73,461+ |
| 8 | 0-\$40,890 | \$40,891-\$51,113 | \$51,114-\$61,335 | \$61,336-\$71,558 | \$71,559-\$81,780 | \$81,781+ |
| For each additional person add | \$4,160 | \$5,200 | \$6,240 | \$7,820 | \$8,320 | \$8,320 |

Apply Now

If you wish to qualify for the sliding fee, you must complete the application and show proof of income for all family members/individuals living in your household or individuals for whom you are financially responsible. If you have any questions, please contact your local Village Network office.

The Village Network
 2000 Noble Drive
 Wooster, OH 44070



The Village Network Sliding Fee Scale Application

It is the policy of The Village Network to provide essential services regardless of the patient's ability to pay. Discounts are offered based on family size and annual income. Please complete the following information to determine if you or members of your family are eligible for a discount. Copies of tax returns, pay stubs, or other information verifying income may be required before a discount is approved. The discount will apply to all services received at The Village Network. This form must be completed every 12 months or if your financial situation changes.

| Client Information | | | | |
|--------------------|--|--|-------|---|
| First Name: | | Middle Name: | | Last Name: |
| Mailing Address: | | | City: | State: Zip Code: |
| Home Phone: | | Mobile Phone: | | Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> In A Relationship <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed |
| Date of Birth: / / | | Do you have insurance? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |

| Household Size / Please list spouse and/or dependents under age 18 | | | |
|--|----------------|-------|----------------|
| Name: | Date of Birth: | Name: | Date of Birth: |
| | / / | | / / |
| | / / | | / / |
| | / / | | / / |
| | / / | | / / |

| Annual Household Income / Please list all sources of income for the current calendar year | | | | |
|--|-------|---------|--------|--------|
| Income: | Self: | Spouse: | Other: | Total: |
| Gross wages, salaries, tips, etc. | | | | |
| Income from business, self-employment, and dependents | | | | |
| Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income | | | | |
| Interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources | | | | |

I certify that the family size and income information shown above is correct.

Send completed form to:
 Martha Welker
 2000 Noble Drive
 Wooster, OH 44691
 mwelker@thevillagenetwork.com

 Signature Name (please print) Date

For Office Use Only

| | |
|--------------------|--|
| Patient Name: | |
| Approved Discount: | |
| Approved By: | |
| Date Approved: | |

| | | |
|------------------------|-----|----|
| Verification Checklist | Yes | No |
| ID: | | |
| Income: | | |
| Insurance: | | |