

JAI MEDICAL CENTER

Sliding Fee Schedule & Income Chart

Effective January 22, 2015

It is the policy of Jai Medical Center to provide essential primary care medical services regardless of a person's ability to pay. Jai Medical Center offers discounts based upon a person's household income and family size. Listed below is the sliding fee schedule and income chart for Jai Medical Center.

Please note that the chart is only for **Total Gross Family** earnings and that nothing is to be subtracted from the total. All patients wishing to participate in the program *must* fill out a Sliding Fee Application and supply proof of earnings by submitting two recent pay stubs. In addition, a photo ID and verification of social security number are required. If the interested patient is unemployed and currently living with someone and/or in transitional housing, a **Verification of Assistance from Others Form** must be completed by the caretaker and provided to Jai Medical Center. We will ask the patient to provide proof of their income once a year.

Any patient who applies for the sliding fee discount will receive their first office visit for free.

We encourage all patients to apply for long term health care coverage through the Maryland Health Connection at www.marylandhealthconnection.gov. HealthCare Access Maryland Navigator Services are available for those who wish to apply for long term health care coverage.

Family	Annual Income Threshold			
Unit	Based on Federal Poverty Levels			
Size	100%	150%	175%	200%
1	\$0 - \$11,770	\$11,771 - \$17,655	\$17,656 - \$20,598	\$20,599 - \$23,540
2	\$0 - \$15,930	\$15,931 - \$23,895	\$23,896 - \$27,878	\$27,879 - \$31,860
3	\$0 - \$20,090	\$20,091 - \$30,135	\$30,136 - \$35,158	\$35,159 - \$40,180
4	\$0 - \$24,250	\$24,251 - \$36,375	\$36,376 - \$42,438	\$42,439 - \$48,500
5	\$0 - \$28,410	\$28,411 - \$42,615	\$42,616 - \$49,718	\$49,719 - \$56,820
6	\$0 - \$32,570	\$32,571 - \$48,855	\$48,856 - \$56,998	\$56,999 - \$65,140
7	\$0 - \$36,730	\$36,731 - \$55,095	\$55,096 - \$64,278	\$64,279 - \$73,460
8	\$0 - \$40,890	\$40,891 - \$61,335	\$61,336 - \$71,558	\$71,559 - \$81,780
For families/households with more than 8 persons, add \$4,160 for each additional person.				
Amount of Payment	1 st Visit: \$0.00	1 st Visit: \$0.00	1 st Visit: \$0.00	1 st Visit: \$0.00
	2 nd Visit: \$5.00	2 nd Visit: \$5.00	2 nd Visit: \$5.00	2 nd Visit: \$5.00

Notice: *The Sliding Fee Schedule applies to the office visit, which includes medically necessary shots, medically necessary basic lab work, and medically necessary x-rays performed at Jai Medical Center.*

Jai Medical Center does not discriminate on the basis of race, color, sex, sexual orientation, national origin, disability, or religion.

Jai Medical Center proudly accepts patients covered by Medicaid, Medicare, and/or State and Federal public medical assistance programs.