



Slide Fee Discount Program

Thank you for visiting CHEMED.

Sliding Scale Rates

Scale Level	A	B	C	D	E	F	G
Behavioral Health	\$ 30.00	\$ 50.00	\$ 55.00	\$ 60.00	\$ 65.00	\$ 100.00	\$ 115.00
Medical	\$ 25.00	\$ 30.00	\$ 35.00	\$ 40.00	\$ 40.00	\$ 40.00	100%
Podiatry	\$ 40.00	\$ 40.00	\$ 40.00	\$ 40.00	\$ 40.00	\$ 40.00	100%
Womens Health	\$ 25.00	\$ 40.00	\$ 40.00	\$ 40.00	\$ 40.00	\$ 40.00	100%
Specialty Services*	\$ 40.00	\$ 40.00	\$ 40.00	\$ 40.00	\$ 40.00	\$ 40.00	100%
Nutrition	\$ 45.00	\$ 50.00	\$ 55.00	\$ 60.00	\$ 65.00	100%	100%
Radiology	\$ 45.00	\$ 50.00	\$ 55.00	\$ 60.00	\$ 65.00	100%	100%
Mammography	\$ 40.00	\$ 40.00	\$ 40.00	\$ 40.00	\$ 40.00	\$ 40.00	100%
Dental	\$ 49.00	40%	50%	55%	60%	75%	100%
Pharmacy Dispensing Fee*	\$ 2.00	\$ 4.00	\$ 6.00	\$ 8.00	\$ 10.00	100%	100%
Scale Level	A	B	C	D	E	F**	G
Poverty level 2022	100%	125%	150%	175%	200%	250%	more
Family Size	Maximum Annual Income						
1	13,590	16,988	20,385	23,783	27,180	33,975	33,976
2	18,310	22,888	27,465	32,043	36,620	45,775	45,776
3	23,030	28,788	34,545	40,303	46,060	57,575	57,576
4	27,750	34,688	41,625	48,563	55,500	69,375	69,376
5	32,470	40,588	48,705	56,823	64,940	81,175	81,176
6	37,190	46,488	55,785	65,083	74,380	92,975	92,976
7	41,910	52,388	62,865	73,343	83,820	104,775	104,776
8	46,630	58,288	69,945	81,603	93,260	116,575	116,576
9	51,350	64,188	77,025	89,863	102,700	128,375	128,376
10	56,070	70,088	84,105	98,123	112,140	140,175	140,176
11	60,790	75,988	91,185	106,383	121,580	151,975	151,976
12	65,510	81,888	98,265	114,643	131,020	163,775	163,776
13	70,230	87,788	105,345	122,903	140,460	175,575	175,576
14	74,950	93,688	112,425	131,163	149,900	187,375	187,376
each individual	\$ 4,720.00	\$ 5,900.00	\$ 7,080.00	\$ 8,260.00	\$ 9,440.00	\$ 11,800.00	

* Not included above are direct costs for pharmaceuticals, IUD's which will be the responsibility of the patient.

** The NJ Aid discount program for income levels 200%-250% and is only available for NJ Residents.

Your payment may not cover the cost of your visit. \$20 will be required for a medical/behavioral health visit and \$49 will be required for a dental visit.

In order to determine the correct cost of today's visit, the Slide application must be completed at the CHEMED Financial Assistance office within 7 days.

To be completed at CHEMED by: _____

Failure to complete the application within 7 days will result in you becoming financially responsible for the full, unreduced cost of the visit.

The **SLIDING FEE DISCOUNT** is a Community Health Center program based on family size and gross income.

All health center patients can apply for the sliding fee discount program.

To apply for the **Slide** the Patient must complete an application form and submit: One form of ID for each household member, one Proof of Income and one Proof of Address.

The slide application must be renewed every 12 months.

PROOF OF INCOME:

Current Pay stubs (last 4 weeks of pay)

OTHER FORMS OF INCOME:

Self Employed:	Previous year 1099 income tax statement
Social Security Benefits:	Most recent award letter
Unemployment benefits:	Last 4 Stubs or unemployment confirmation of benefits letter
Pension:	Most recent statement of receipt within 12 months
Cash income / no Income:	Letter from Employer Self-Attestation Letter from Supporter with Supporters ID
Rental income:	Previous year 1040 income Tax return statement Rental lease or Self-Attestation
Investment Income:	Previous year 1040 income Tax return statement Bank statement or self-attestation
Full time Student:	Letter from School stating full time student and whether or not scholarship is received.

The application should be completed and signed by an adult household-member at the Financial Assistance Department at CHEMED.

IDENTIFICATION

One form of ID is required for each member listed on the application

Accepted forms of ID:

Valid photo Driver's License**

Valid Passport

Birth Certificate

Social Security Cards

Alien Registration Card, Green Card (date of entry must be legible)

Newborn (up to 3 weeks): Hospital crib card or the Hospital Certificate is sufficient.

**if using this as photo ID this cannot be used as proof of residence

PROOF OF RESIDENCE

Utility Bill (gas, electrical, water or phone bill addressed to you one month prior to date of service)

Previous month Bank Statement

Car Registration/ Auto Insurance

Rental Lease/ Mortgage Statement

CHEMED Financial Assistance Department

Hours of Operation: (subject to change)

Monday - Thursday: 8:00AM – 7:00PM

Friday: 8:00AM – 4:00PM

Sunday: 8:00AM – 4:00PM

Contact Information:

Phone: 732 364 2144 x9023

Fax: 732 523 7953

Email: financialassistance@chemedhealth.org

**MARRIAGE
CERTIFICATE
REQUIRE
D (if
applicable
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