



1771 Madison Ave. Lakewood, NJ 08701 732-364-2144 Ext 9023

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%
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%	100%	100%
Pharmacy Dispensing Fee*	\$ 2.00	\$ 4.00	\$ 6.00	\$ 8.00	\$ 10.00	\$ 10.00	100%
Scale Level	A	B	C	D	E	F**	G
Poverty level 2021	100%	125%	150%	175%	200%	250%	more
Maximum Annual Income							
1	12,880	16,100	19,320	22,540	25,760	32,200	32,201
2	17,420	21,775	26,130	30,485	34,840	43,550	43,551
3	21,960	27,450	32,940	38,430	43,920	54,900	54,901
4	26,500	33,125	39,750	46,375	53,000	66,250	66,251
5	31,040	38,800	46,560	54,320	62,080	77,600	77,601
6	35,580	44,475	53,370	62,265	71,160	88,950	88,951
7	40,120	50,150	60,180	70,210	80,240	100,300	100,301
8	44,660	55,825	66,990	78,155	89,320	111,650	111,651
9	49,200	61,500	73,800	86,100	98,400	123,000	123,001
10	53,740	67,175	80,610	94,045	107,480	134,350	134,351
11	58,280	72,850	87,420	101,990	116,560	145,700	145,701
12	62,820	78,525	94,230	109,935	125,640	157,050	157,051
13	67,360	84,200	101,040	117,880	134,720	168,400	168,401
14	71,900	89,875	107,850	125,825	143,800	179,750	179,751
each individual	\$ 4,540.00	\$ 5,675.00	\$ 6,810.00	\$ 7,945.00	\$ 9,080.00	\$ 11,350.00	

* 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.

Slide Fee Discount Program

Thank you for visiting CHEMED.

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

MARRIAGE CERTIFICATE REQUIRED (if applicable)

CHEMED Financial Assistance Department

Hours of Operation: (subject to change)

Monday - Thursday: 8:00AM – 7:00PM

Friday: 8:30AM – 4:00PM

Sunday: 8:00AM – 4:00PM

Contact Information:

Phone: 732 364 2144 x9023

Fax: 732 523 7953

Email: financialassistance@chemedhealth.org