

FAMILY SIZE				
Name	AHS patient	DOB	Marital Status	Relationship

FAMILY INCOME				
		Income Provided	Monthly	Annual
WEEKLY GROSS INCOME		\$ -	\$0.00	\$0.00
BI-WEEKLY GROSS INCOME		\$ -	\$0.00	\$0.00
SEMI-MONTHLY GROSS INCOME		\$ -	\$0.00	\$0.00
MONTHLY GROSS INCOME		\$ -	\$0.00	\$0.00
ANNUAL GROSS INCOME		\$ -	\$0.00	\$0.00
Total Gross Income		\$ -	\$0.00	\$0.00

	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5	LEVEL 6	LEVEL 7
	A	B	C	D	E	F	G
Number in Household	Under 100% FPL	101% - 125%	126% - 150%	151% - 175%	176% - 200%	200%-250%	250%-300%
1	\$0-\$15,060	\$15,061-\$18,825	\$18,826-\$22,590	\$22,591-\$26,355	\$26,356-\$30,120	\$30,121-\$37,650	\$37,651-\$45,180
2	\$0-\$20,440	\$20,441-\$25,550	\$25,551-\$30,660	\$30,661-\$35,770	\$35,771-\$40,880	\$40,881-\$51,100	\$51,101-\$61,320
3	\$0-\$25,820	\$25,821-\$32,275	\$32,276-\$38,730	\$38,731-\$45,185	\$45,186-\$51,640	\$51,641-\$64,551	\$64,552-\$77,460
4	\$0-\$31,200	\$31,201-\$39,000	\$39,001-\$46,800	\$46,801-\$54,600	\$54,601-\$62,400	\$61,401-\$78,000	\$78,001-\$93,600
5	\$0-\$36,580	\$36,581-\$45,725	\$45,726-\$54,870	\$54,871-\$64,015	\$64,016-\$73,160	\$73,161-\$91,450	\$91,451-\$109,740
6	\$0-\$41,960	\$41,961-\$52,450	\$52,451-\$62,940	\$62,941-\$73,430	\$73,431-\$83,920	\$83,921-\$104,901	\$104,902-\$125,880
7	\$0-\$47,340	\$47,341-\$59,175	\$59,176-\$71,010	\$71,011-\$82,845	\$82,846-\$94,680	\$94,681-\$118,350	\$118,351-\$142,020
8	\$0-\$52,720	\$52,721-\$65,900	\$65,901-\$79,080	\$79,081-\$92,260	\$92,261-\$105,440	\$105,441-\$131,800	\$131,801-\$158,160
For each additional person add	\$5,380 to annual income	\$ 6,725 to annual income	\$8,070 to annual income	\$9,415 to annual income	\$10,760 to annual income	\$13,450 to annual income	\$16,140 to annual income
FQHC & CMHC Psych	\$15	\$20.00	\$25.00	\$30.00	\$35.00	\$40.00	\$45.00
CMHC BH	\$5	\$10.00	\$15.00	\$20.00	\$25.00	\$30.00	\$35.00
Lab Services	\$0	\$7.00 per lab	\$8.00 per lab	\$9.00 per lab	\$10.00 per lab	\$11.00 per lab	\$12.00 per lab
Oral Health Services	Flat fee per service	60% discount	50% discount	40% discount	30% discount	20% discount	10% discount
Supplies & Devices	100% of Cost	100% of Cost	100% of Cost	100% of Cost	100% of Cost	100% of Cost	100% of Cost
ATU(per day) Detox	\$50.00	\$75.00	\$100.00	\$125.00	\$150.00	\$175.00	\$200.00
Pharmacy	AAC+ \$4	AAC + \$5	AAC + \$6	AAC +\$7	AAC +\$8	AAC +\$9	AAC +\$10
Title X	\$0.00	\$15.00	\$20.00	\$25.00	\$30.00	\$35.00	\$40 for 250%+

<input type="checkbox"/>	Estim. Income		<input type="checkbox"/>	Gross income:
	Family Size			Family Size
<i>Effective Date:</i>	<i>Begin</i>	<i>End</i>	<i>Effective Date:</i>	<i>Begin</i>
	11/19/2024	12/3/2024		11/19/2024
<i>Slide Category:</i>			<i>Slide Category:</i>	
<i>Application Denied:</i>				

**** DOCUMENTATION MUST BE PROVIDED PRIOR TO YOUR NEXT VISIT****
 If documentation is not provided within 2 weeks you will become responsible for 100% of all charges

I have read & understand the SFDP and agree to comply. By signing this application, I authorize AHS to confirm my income & family size, I verify that all information is true and correct. I understand that providing false information will result in all discounts being revoked.

PATIENT SIGNATURE	DATE
AHS REPRESENTATIVE	DATE