Avalon Center Sliding Fee Schedule 2021

	2021 Federal Poverty Level for the 48 Contiguous States (Annual												
Family Size	100%	110%	120%	130%	140%	150%	160%	170%	180%	190%	200%	>200%	
	Discount 100% $0	Discount 90% $5	Discount 80%	Discount 70%	Discount 60%	Discount 50%	Discount 40%	Discount 30%	Discount 20%	Discount 15%	Discount 10%	Discount 0%	
1	$12,880	$14,168	$15,456	$16,744	$18,032	$19,320	$20,608	$21,896	$23,184	$24,472	$25,760	25,761+	
2	$17,420	$19,162	$20,904	$22,646	$24,388	$26,130	$27,872	$29,614	$31,356	$33,098	$34,840	34,841+	
3	$21,960	$24,156	$26,352	$28,548	$30,744	$32,940	$35,136	$37,332	$39,528	$41,724	$43,920	43,921+	
4	$26,500	$29,150	$31,800	$34,450	$37,100	$39,750	$42,400	$45,050	$47,700	$50,350	$53,000	53,001+	
5	$31,040	$34,144	$37,248	$40,352	$43,456	$46,560	$49,664	$52,768	$55,872	$58,976	$62,080	62,081+	
6	$35,580	$39,138	$42,696	$46,254	$49,812	$53,370	$56,928	$60,486	$64,044	$67,602	$71,160	71,161+	
7	$40,120	$44,132	$48,144	$52,156	$56,168	$60,180	$64,192	$68,204	$72,216	$76,228	$80,240	80,241+	
8	$44,660	$49,126	$53,592	$58,058	$62,524	$66,990	$71,456	$75,922	$80,388	$84,854	$89,320	89,321+	
For each additional family member	$4,540	$4,994	$5,448	$5,902	$6,356	$6,810	$7,264	$7,718	$8,172	$8,626	$9,080	9,080+	

*based on 2021 Federal Poverty Guidelines

Avalon Center

SLIDING FEE SCALE APPLICATION FORM

It is the policy of Avalon Center to provide essential services regardless of the patient's ability to pay. Avalon Center offers discounts based on family size and annual income. Please complete and return this document to the front desk to determine if you or members of your family are eligible for a discount. The discount will apply to all services received at this clinic, but not services outside the Avalon Center. This form must be completed every 12 months or if your financial situation changes.

1. Household Information:

Name:			
Street:	City, State:	Zip:	Phone:

2. Please list all household members, including those under age 18.

	Name	Date of Birth
SELF		
OTHER		
OTHER		
OTHER		

Source	Self	Other	Total
Gross wages, salaries, tips, etc.			
Income from business and self-employment			
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, Public assistance, Veterans' payments, survivor benefits, pension, or retirement income			
Interest; dividends; royalties; income from rental properties, estate, and trusts; alimony; child support; assistance from outside the household; and other miscellaneous sources.			
Total income			

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

Applicants Signature: _____ Date_____

Date of Submission: _____

Office Use Only

Patient name: _____

Approved Discount: _____

Approved By: _____

Date Approved:_____

Verification Checklist	Yes	No
Identification/ Address: Driver's license, utility bill, employment ID, or other		
Income: Prior year tax return, three most recent pay stubs, or other		