Fee Reduction Program

Don’t have health insurance?
Are your out-of-pocket costs too high?



Ask about our Sliding Fee Payment Plans

Our Sliding Fee Discount Program helps people and families pay less for health care based on their income and family size.

The sliding fee program is for you if you:

- do not have insurance,
- are between insurances, or
- have insurance but still have high out-of-pocket fees.

How does it work?

You will be placed in one of five categories based on your income. Each group has different discounted costs for medical, dental, and emotional wellness visits and for pharmacy services.

Examples of savings:

- Medical visits can cost as little as $10 per visit
- Prescriptions can be as low as $1 per medicine
- Therapy visits as low as $10 per visit

There are no surprise bills.

We cover lab work fees for everyone in the program. If you get a bill from LabCorp, bring it to us—we’ll cover it.

Find your costs in two simple steps!

1. **Use the chart below to find your annual income and family size to determine your slide level (A, B1, B2, B3 or C).**

Sliding Fee Scale Level Determination						
Annual Income: Based on Federal Poverty Guidelines from US Department of Health and Human Services						
Household & Family size	**Slide A 0-100%**	**Slide B1 101-150%**	**Slide B2 151-175%**	**Slide B3 176-200%**	**Slide C 201-250%**	**Above 250%**
1	$15,960	$15,961 - $23,940	$23,941 - $27,930	$27,931 - $31,920	$31,921 - $39,900	> $39,901
2	$21,640	$21,641 - $32,460	$32,461 - $37,870	$37,871 - $43,280	$43,281 - $54,100	> $54,101
3	$27,320	$27,321 - $40,980	$40,981 - $47,810	$47,811 - $54,640	$54,641 - $68,300	> $68,301
4	$33,000	$33,001 - $49,500	$49,501 - $57,750	$57,751 - $66,000	$66,001 - $80,375	> $82,500
5	$38, 680	$38,681 - $58,020	$58,021 - $67,690	$67,691 - $77,360	$77,361 - $96,700	> $96,701
6	$44,360	$44,361 - $66,540	$66,541 - $77,630	$77,631 - $88,720	$88,721 - $110,900	> $110,901
7	$50,040	$50,041 - $75,060	$75,061 - $87,570	$87,571 - $100,080	$100,081 - $125,100	> $125,101
8	$55,720	$55,721 - $83,580	$83,581 - $97,510	$97,511 - $111,440	$111,441 - $139,300	> $139,301
9	$61, 400	$61,41 - $92,100	$92,101 - $107,450	$107,451 - $122,800	$122,801 - $153,500	> $153,501
10	$67,080	$67,081 - $100,620	$100,621 - $117,390	$117,391 - $134,160	$134,161 - $167,700	> $167,701
11+	Costs will be determined by through our electronic medical record. See Enrollment Assister with questions.					

2. **Check the "Community of Hope Schedule of Fees" chart to find out how much you'll pay for medical, dental, emotional wellness, and pharmacy services, based on your slide level (A, B1, B2, B3 or C).**

Community of Hope Schedule of Fees						
	Slide A 0-100%	**Slide B1 101 - 150%**	**Slide B2 151-175%**	**Slide B3 176-200%**	**Slide C 201-250%**	**Above 250%**
Medical Visit (including Title X services)	$10	$25	$30	$35	$50	Full Charges
Nutrition and Lactation Services	$10	$25	$30	$35	$50	Full Charges
Emotional Wellness Visit	$10	$25	$30	$35	$50	Full Charges
Doula Services (not intrapartum) in office or home	$10	$25	$30	$35	$50	Full Charges
Doula Services (Intrapartum)	$50	$100	$125	$150	$200	Full Charges
Vaginal Delivery Only (59409)	$500	$1,000	$1,250	$1,500	$2,000	Full Charges
Pharmacy, per prescription for generics under $40	$1	$2	$3	$4	$5	Full Charges
Pharmacy, per prescription for generics over $40	100% discount/ Nominal fee of $1	80% discount/20% cost to patient	60% discount/ 40% cost to patient	50% discount/ 50% cost to patient	0% discount/ 100% cost to patient	Full Charges
Dental Visit	$25	$30	$35	$40	$50	Full Charges
Additional costs for appliances						
Complete Denture	$250	$260	$270	$280	$300	Full Charges
Partial Denture	$200	$210	$220	$230	$250	Full Charges
Repair Broken Complete Denture Base	$50	$60	$70	$80	$100	Full Charges
Night Guard and Athletic Mouthguard	$50	$60	$70	$80	$100	Full Charges

Quality care at a cost you can afford!

How to apply

1. **Ask the receptionists or enrollment assisters for an application.**
   The application will ask you to show proof of your income.

2. **Turn in your proof within 14 days.**
   If you do not share this information, you will get a bill for our regular prices.

3. **Update your application every year or reapply anytime your income goes down.**
   Each year we ask you to bring in new proof of income. If your income goes down during the year, you can reapply anytime to see if you qualify for more discounts.



Need help finding insurance?

Our Enrollment Assisters can help you find and sign up for affordable insurance. Just ask us!

Contact Us

202.540.9857

Conway Health and Resource Center
4 Atlantic Street, SW
Washington, DC 20032

Family Health and Birth Center
2120 Bladensburg Road, NE
Washington, DC 20018

Marie Reed Health Center
2250 Champlain Street, NW
Washington, DC 20009

The Commons at Stanton Square
2375 Elvans Road, SE
Washington, DC 20020

www.communityofhopedc.org/insurance-and-fees

Use your patient portal for additional support!

healow
Health and Online Wellness

Download Healow and use the practice code **JJIIAA** to sign in.

@communityofhopedc @cohdc