



2024 Sliding Fee Schedule Notice

TRIBECA PEDIATRICS HAS ADOPTED THE FOLLOWING POLICIES ON CHARGES FOR HEALTH CARE SERVICES:

We will charge persons receiving health services at the usual and customary rate prevailing in the area. Persons will be charged for services to the extent that payment will be made by a third party authorized or under legal obligation to pay the charges. Health services will be provided at no charge, or at a discounted charge, to persons unable to pay for care. We will not discriminate against any person receiving health services because of his or her inability to pay for services, or because payment for health services will be made under Part A or B of Title XVIII (Medicare) or Title XIX (Medicaid) or Title XXI (Health Wave, the state children’s health insurance) of the Social Security Act.

Poverty Level	100%	110%	120%	130%	140%	150%	160%	170%	180%	190%	200%	>200%
Family Size	Discount 100% *	Discount 90%	Discount 80%	Discount 70%	Discount 60%	Discount 50%	Discount 40%	Discount 30%	Discount 20%	Discount 15%	Discount 10%	Discount 0%
1	\$15,060	\$16,566	\$18,072	\$19,578	\$21,084	\$22,590	\$24,096	\$25,602	\$27,108	\$28,614	\$30,120	\$30,121
2	\$20,440	\$22,484	\$24,528	\$26,572	\$28,616	\$30,660	\$32,704	\$34,748	\$36,792	\$38,836	\$40,880	\$40,881
3	\$25,820	\$28,402	\$30,984	\$33,566	\$36,148	\$38,730	\$41,312	\$43,894	\$46,476	\$49,058	\$51,640	\$51,641
4	\$31,200	\$34,320	\$37,440	\$40,560	\$43,680	\$46,800	\$49,920	\$53,040	\$56,160	\$59,280	\$62,400	\$62,401
5	\$36,580	\$40,238	\$43,896	\$47,554	\$51,212	\$54,870	\$58,528	\$62,186	\$65,844	\$69,502	\$73,160	\$73,161
6	\$41,960	\$46,156	\$50,352	\$54,548	\$58,744	\$62,940	\$67,136	\$71,332	\$75,528	\$79,724	\$83,920	\$83,921
7	\$47,340	\$52,074	\$56,808	\$61,542	\$66,276	\$71,010	\$75,744	\$80,478	\$85,212	\$89,946	\$94,680	\$94,681
8	\$52,720	\$57,992	\$63,264	\$68,536	\$73,808	\$79,080	\$84,352	\$89,624	\$94,896	\$100,168	\$105,440	\$105,441
For each additional person, add	\$5,380	\$5,918	\$6,456	\$6,994	\$7,532	\$8,070	\$8,608	\$9,146	\$9,684	\$10,222	\$10,760	>\$10760

We use the above table to determine your discount eligibility. This table is based on the 2024 Federal Poverty Guidelines (<https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>)

*Patient Pays at a minimum a \$25 Nominal Fee

Eligibility Determination

Eligibility for the Sliding Fee Discount Program is determined based on household size and annual income(See below). An application must be completed and proof of income is required. Discounts are applied based on federal poverty income guidelines, updated annually by the federal government. Recertification is required annually or when changes to family size or income occur. Once you have been approved for the Sliding Fee Discount Program, you will remain active in the program for one year.

Tribeca Pediatrics identifies the definitions of a household and income as below:

- a. **Household Size:** one person or a group of people, who may or may not be related, living (or staying temporarily) at the same address and share common housekeeping responsibilities, and either share at least one meal a day or share common living accommodation (i.e. a living room or dining room).
- b. **Income includes:** earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources. Noncash benefits (such as food stamps and housing subsidies) do not count.

Sliding Fee Discounts are determined by using:

- Federal Income Tax forms
- One month of consecutive pay stubs or letter of salary
- W-2's
- Unemployment Benefits
- Social Security Benefits
- Self-declaration options are also available