

SLIDING FEE DISCOUNT PROGRAM PATIENT APPLICATION

Savannah Rose Mental Wellness

Sliding Fee Discount Application

It is the policy of SAVANNAH ROSE MENTAL WELLNESS to provide essential services regardless of the patient's ability to pay. SAVANNAH ROSE MENTAL WELLNESS offers discounts based on family size and annual income.

Please complete the following information and return it 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 those services or equipment purchased from outside, including reference laboratory testing, drugs, x-ray interpretation by a consulting radiologist, and other such services. You must complete this form every 12 months or if your financial situation changes.

| | | | | |
|--------|------|-------|-----|-------|
| NAME | | | | |
| STREET | CITY | STATE | ZIP | PHONE |

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

| Household Members | 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, veterans' payments, survivor benefits, pension, or retirement income | | | |
| Interest; dividends; royalties; income from rental properties, estates, 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.

| | | |
|--------------|--|------|
| Name (Print) | | |
| Signature | | Date |
| | | |

OFFICE USE ONLY Patient Name:

Approved Discount: _____

Approved by: _____

Date Approved: _____

| Verification Checklist | Yes | No |
|---|-----|----|
| Identification/Address: Driver's license, utility bill, employment identification, or other | | |

| | | |
|---|--|--|
| Income: Prior year tax return, three most recent pay stubs, or other | | |
|---|--|--|

Self-declaration of income may also be used.

SLIDING FEE SCHEDULE

Maximum Annual Income Amounts for each Sliding Fee Percentage Category (except for 0 percent discount)

| 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 | \$15,650 | \$17,215 | \$18,780 | \$20,345 | \$21,910 | \$23,475 | \$25,040 | \$26,605 | \$28,170 | \$29,735 | \$31,300 | >\$31,300 |
| 2 | \$21,150 | \$23,265 | \$25,380 | \$27,495 | \$29,610 | \$31,725 | \$33,840 | \$35,955 | \$38,070 | \$40,185 | \$42,300 | >\$42,300 |
| 3 | \$26,650 | \$29,315 | \$31,980 | \$34,645 | \$37,310 | \$39,975 | \$42,640 | \$45,305 | \$47,970 | \$50,635 | \$53,300 | >\$53,300 |
| 4 | \$32,150 | \$35,365 | \$38,580 | \$41,795 | \$45,010 | \$48,225 | \$51,440 | \$54,655 | \$57,870 | \$61,085 | \$64,300 | >\$64,300 |
| 5 | \$37,650 | \$41,415 | \$45,180 | \$48,945 | \$52,710 | \$56,475 | \$60,240 | \$64,005 | \$67,770 | \$71,535 | \$75,300 | >\$75,300 |
| 6 | \$43,150 | \$47,465 | \$51,780 | \$56,095 | \$60,410 | \$64,725 | \$69,040 | \$73,355 | \$77,670 | \$81,985 | \$86,300 | >\$86,300 |
| 7 | \$48,650 | \$53,515 | \$58,380 | \$63,245 | \$68,110 | \$72,975 | \$77,840 | \$82,705 | \$87,570 | \$92,435 | \$97,300 | >\$97,300 |
| 8 | \$54,150 | \$59,565 | \$64,980 | \$70,395 | \$75,810 | \$81,225 | \$86,640 | \$92,055 | \$97,470 | \$102,885 | \$108,300 | >\$108,300 |
| For each additional person, add | \$5,500 | \$6,050 | \$6,600 | \$7,150 | \$7,700 | \$8,250 | \$8,800 | \$9,350 | \$9,900 | \$10,450 | \$11,000 | >\$11,000 |

*Based on the 2025 [Federal Poverty Guidelines for the 48 contiguous states and the District of Columbia](#). Please note that there are separate guidelines for Alaska and Hawaii, and that the thresholds would differ for sites in those two states. Sites in Puerto Rico and other outlying jurisdictions would use the above guidelines.