

2023 Discounted Fee Application

Community Health of Central Washington through its clinics provides discounts medical, dental, and mental health services for families at or below 200% of the federal poverty level. If you think you may qualify, fill out the application completely and provide all the necessary documentation described below.

atient Name:	Phone Number:	Birth Date:
Household Income: Includ members within the househ	▲ · · · ·	ability, and other payments received from all
Total household income: \$		
Family Size: List the names of	of each family member living within your h	ousehold.
Family Member Name	Relationship	Birth date
Total Family Size:		If more than six list on back
 Any paperwork pre State / Fede Unemployr Other (i.e. \$ Social Secu 	-	ral Government: stamps, etc.)
	howing child support or alimony or oth	

□ I prefer to not state my family's size and annual income. I understand that I am responsible for the full charge for all services rendered at the clinics of Community Health of Central Washington; and that I must pay for the services on the day I receive them.

 \Box I attest that the information provided above is true and correct. I understand that all discounts are contingent upon verification of required documentation. I further understand that if I do not provide necessary documentation at the time of service, I have 30 business days from the date of this application to provide supporting documents. Otherwise I will be expected to pay the full amount for services at the time they are rendered. I will be expected to pay the associated fee at the time of each office visit once the application is approved.

Signature of Patient / Guardian

Date

Financial Counselor

Disclaimer: Community Health of Central Washington has established arrangements with Yakima Valley Memorial Hospital, Kittitas Valley Community Hospital, Pathology LabCorp, Medical Center Lab, Valley Imaging Partners and Yakima Valley Radiology to provide potiam discounted fee program to our patients at or below the federal poverty level.



Discounted Fee Program

January 17, 2023 – January 18, 2024

CHCW's standard fees are discounted based on the current Department of Health and Human Services Federal Poverty Guidelines, as follows.

# of Family/Household members		SD A	SFSD B		SFSD C			SFSD D				Self-Pay			
Federal Poverty Level	0%	100%	101%		133%	134%		166%		167%		200%		Over 200%	
1	\$ -	\$14,580	\$14,581	\$	19,391	\$	19,392	\$	24,203	\$	24,204	\$	29,160	\$	29,161
2	\$ -	\$19,720	\$19,721	\$	26,228	\$	26,229	\$	32,735	\$	32,736	\$	39,440	\$	39,441
3	\$ -	\$24,860	\$24,861	\$	33,064	\$	33,065	\$	41,268	\$	41,269	\$	49,720	\$	49,721
4	\$-	\$30,000	\$30,001	\$	39,900	\$	39,901	\$	49,800	\$	49,801	\$	60,000	\$	60,001
5	\$-	\$35,140	\$35,141	\$	46,736	\$	46,737	\$	58,332	\$	58,333	\$	70,280	\$	70,281
6	\$ -	\$40,280	\$40,281	\$	53,572	\$	53,573	\$	66,865	\$	66,866	\$	80,560	\$	80,561
7	\$ -	\$45,420	\$45,421	\$	60,409	\$	60,410	\$	75,397	\$	75,398	\$	90,840	\$	90,841
8	\$-	\$50,560	\$50,561	\$	67,245	\$	67,246	\$	83,930	\$	83,931	\$	101,120	\$	101,121
9	\$ -	\$55,700	\$55,701	\$	74,081	\$	74,082	\$	92,462	\$	92,463	\$	111,400	\$	111,401
10	\$ -	\$60,840	\$60,841	\$	80,917	\$	80,918	\$	100,994	\$	100,995	\$	121,680	\$	121,681
11	\$ -	\$65,980	\$65,981	\$	87,753	\$	87,754	\$	109,527	\$	109,528	\$	131,960	\$	131,961
12	\$-	\$71,120	\$71,121	\$	94,590	\$	94,591	\$	118,059	\$	118,060	\$	142,240	\$	142,241

Table showing Nominal Fee and Board of Directors approved Sliding Fee Scale Discounts Effective 1/17/2023

For families/households over 12 persons, add \$5140 for each additional person

Type of Service	SFSD A	SFSD B	SFSD C	SFSD D	Self-Pay Patients
Medical Services Discount	\$20 Nominal Fee	\$40 Co-payment	\$65 Co-payment	\$85 Co-payment	No Discount
Dental Services Discount	\$45 Nominal Fee	\$85 Co-payment	\$105 Co-payment	\$125 Co-payment	No Discount
Mental Health Discount	\$5 Nominal Fee	\$5 Co-payment	\$5 Co-payment	\$5 Co-payment	No Discount
Pharmacy Discount	\$5 Fee + Cost of Prescription Drug	\$7 Fee + Cost of	\$8 Fee + Cost of	\$9 Fee + Cost of	No Discount
	Flesciption Drug	Prescription Drug	Prescription Drug	Prescription Drug	

Patients in SFSD categories B, C, and D; will pay the lesser of the charges or the co-payment.

Pharmacy Services: Prescription Drugs are provided at cost plus a dispensing fee for all medications to patients who are under 200% of the Federal Poverty Level. Self-Pay patients will pay the full retail amount plus a dispensing fee. Payment in full is required at the time of dispensing. ***Services excluded from the SFSD** – Prosthetics, dentures, bleaching, cosmetic surgery, and services provided by other providers who are not part of CHCW. Services discounted separately by the provider (not a CHCW provider); Laboratory services, ordered by LabCorp, Comprehensive Mental Health Psychiatric consultations, OB Laborist services, referrals to People for People, Valley Imaging Gyn Ultrasound services and Yakima Valley Radiology professional over read fees for X-Rays performed at CHCW.

No patient will be denied services due to inability to pay – Please speak to a patient Financial Counselor if you have questions about your account. Financial Counselors can be reached toll free at 833-574-6100; 8:00 AM to 4:00 PM Monday – Friday; except for Holidays.