



# THERE IS HELP AVAILABLE TO PAY FOR YOUR HEALTH CARE

## THE OPTIMUS HEALTH CARE SLIDING FEE DISCOUNT PROGRAM

OPTIMUS Health Care provides comprehensive and high quality primary care services to people in need, regardless of their ability to pay. At OPTIMUS, you will **NOT** be turned away even if you don't have health insurance. This flyer explains our Sliding Fee Discount Program for which you may qualify.

### WHAT IS A SLIDING FEE DISCOUNT PROGRAM?

It is a program that may offer you a discount on your medical bill depending on your income and family size.

### WHAT DO I NEED TO KNOW ABOUT THE SLIDING FEE DISCOUNT PROGRAM?

- The program sets a discount on what you pay based on the size of your family and how much money your family makes in a year.
- You can apply for a discount even if you have insurance.
- Each health center sets its own fees and discounts.

### HOW DOES THE SLIDING FEE DISCOUNT PROGRAM WORK?

The program is designed to allow people to pay for health care services based on their ability to pay.



**203-696-3260**  
[optimushealthcare.org](http://optimushealthcare.org)

## WHAT WILL I PAY IF I QUALIFY FOR THE PROGRAM?

How much you might pay will depend on your insurance and your family income and size.

TYPE OF INSURANCE	YOU MIGHT PAY
Private Health Insurance	Deductible and/or Copay
Medicaid	Nothing
CHIP	Copays
Medicare	Copays
Have health insurance <b>and</b> qualify for the <b>Sliding Fee Discount Program</b>	Nothing, a Nominal or Discounted Fee
No health insurance <b>but</b> qualify for the <b>Sliding Fee Discount Program</b>	Nothing, a Nominal or Discounted Fee
No health insurance and <b>don't qualify</b> for the <b>Sliding Fee Discount Program</b> <b>or</b> you choose not to participate in it	Regualr Fee

## HOW DO I APPLY FOR THE PROGRAM?

Please let our staff know that you are interested in applying for the program.

## WHAT PAPERS DO I NEED TO SHOW FAMILY INCOME AND SIZE?

### Identifying Documents

1. \_\_\_ Completed application
2. \_\_\_ Photo ID (Permanent Resident Green Card, Passport, Driver License or Identification from your original Country)
3. \_\_\_ Social Security Card (Child)
4. \_\_\_ Birth Certificate (Child)
5. \_\_\_ State Insurance card, Husky, Medicaid or Private Insurance for all members in your family
6. \_\_\_ Proof Of Address (Utility Bills or Hospital Bills)

### Household Income: \$ \_\_\_\_\_

1. \_\_\_ Most recent Tax Return (IRS1040, 1040A,1040EZ), W-2/Return Forms
2. \_\_\_ Bank Statements (the last 2 months)
3. \_\_\_ Pay stubs for last 4 weeks
4. \_\_\_ Letter from Employer if cash or self-employed
5. \_\_\_ Letter from the person who is your economical support
6. \_\_\_ Alimony and Child support letter
7. \_\_\_ Food Stamp or Cash Assistance-Letter from Department of Social Service
8. \_\_\_ SSI or Pension

### Additional Information Request

1. \_\_\_ Rent or Mortgage Receipt
2. \_\_\_ Department of Social Services Denial Letter

*If you don't have any of these documents, we will NOT turn you away; we may ask you to sign a temporary self-declaration to give you time to bring the needed documents.*

### TERMS TO KNOW

#### Deductible:

Amount of money you pay before the insurance company starts paying its portion for your services.

#### Copay:

A fixed amount of money that is set by insurance companies and that you pay each time you receive most health care services.

#### Nominal Fee:

A small amount of money that is set by individual health centers that you might have to pay to help cover the cost of your care.

### REMEMBER!

We at OPTIMUS Health Care want to make sure that you receive the health care that you need. We will work with you to find a solution to pay for your health services, depending on your circumstances.