

Sliding Fee Program Application

Instructions:

Please complete each section of the following application in full. For assistance with your application, please contact our Fiscal Program Coordinator at (360) 452-8086, option 2. You may deliver your completed, **signed application** with ALL required documents to our Fiscal Program Coordinator via:

- In person:
 NOHN Administrative Services Center
 923 E. 1st Street
 Port Angeles, WA 98362
- MyChart
- Fax: (360) 452-8087 Attn: Sliding Fee
- Mail: NOHN Sliding Fee Program 240 W. Front Street Port Angeles, WA 98362
- Email: slidingfee@nohn-pa.org*

You will be contacted with a determination. In addition to our Sliding Fee Program, we also offer payment plans, with or without the discount from our Sliding Fee Program. To discuss options for a payment plan, please contact our Patient Accounts department at (360) 452-8086, option 1.

Frequently Asked Questions:

Who should I list as a member of my family/household?

Please list anyone related by blood, marriage, or adoption. This includes dependents such as children under the age of 19 (or 24 if a full-time student) as well as legally disabled adults.

What sources of income are required?

<u>ALL</u> income must be disclosed. Not all income is considered in determining Federal Poverty Level status, but all must be declared and proven with documentation.

Examples include:

- Annual Social Security Statement
- Pay stubs for the last three months of income OR Most recent pay stub and hire date
- Unemployment award letter
- Attestation of how expenses are being met if no documentation can be provided
- Self-employment: Most recent tax return OR Three months of income and expense reports

Which bank statements are required?

All checking and savings accounts for the last three months are required. Please provide explanations for ALL deposits.

Examples Include:

- Repayment of a loan to a friend
- Family members use the bank account as well
- Family providing financial assistance to the applicant
- Refund from a prior purchase

^{*} We cannot guarantee the security of personal information sent via email.



Sliding Fee Program Application

If you have any questions concerning this application or required documentation, please contact our Fiscal Program Coordinator at (360) 452-8086, option 2.

	PATIEN	T / APPLICANT	INFORMATI	ON	
Applicant Name:			Birt	h Date:	
Mailing Address:					
City:			State:	Zip Code	2:
Preferred Contact Number			Email:		
How would you like your re	sponse lett	ter to be sent?	☐ MyChart [□ Mail □ En	nail
EMPLOYMENT S	STATUS OF	THE PERSON R	ESPONSIBLE	FOR PAYIN	G THE BILL
☐ Employed (Date of Hire:					
		FAMILY INFORM	MATION		
List all family members in y marriage, or adoption. Atta			•	cludes peopl	e related by birth,
NAME	DOB	RELATIONSHIP TO PATIENT	RECEIVING INCOME?	STUDENT	SOURCE OF INCOME
		Self	Y/N	Y/N	
			Y/N	Y/N	
			Y/N	Y/N	
			Y/N	Y/N	
			Y/N	Y/N	
			Y/N	Y/N	
			Y/N	Y/N	



INCOME INFORMATION

You must provide proof of income with your application. Income verification is required to determine eligibility. All family members 18 years or older must disclose their income. Please provide proof of all sources of income.

provid	le proof of all sources of income.
Please	provide ALL that are applicable:
	Current Pay Stubs (3 months)
	Social Security / Pension / Retirement Statement
	Most Current Tax Return
	Unemployment Compensation Letter
	Family / Medical Leave Documents
	Investment Statements
	Certified Court Orders / Child Support / Spousal Maintenance
	Checking and Savings Statements for the Last 3 Months
	Proof of Eligibility for Medicaid / TANF
	Other:
ехріаі	PATIENT AGREEMENT
ACCUF	APPLICANT FOR THE SLIDING FEE PROGRAM, AFFIRM THE ABOVE IS TRUE, COMPLETE, AND RATE TO THE BEST OF MY KNOWLEDGE. I AGREE TO PROVIDE ANY ADDITIONAL INFORMATION QUESTED TO DETERMINE ELIGIBILITY.
Applic	ant Signature: Date:
•	Intentionally not providing complete documentation will be considered the same as fraudulently attesting to your income.
•	We cannot guarantee that you will qualify for financial assistance, even if you apply. Once you send in your application, we will check all the information and may ask for additional information or proof of income. Applicants are responsible for notifying NOHN of any changes to income.
	Once you send in your application, we will check all the information and may ask for additional information or proof of income.



Sliding Fee Program Services

As a Federally Qualified Healthcare Center, North Olympic Healthcare Network can discount services on a sliding fee scale according to your household income and family size.

Patients must apply and qualify to receive discounts on services. Sliding fee scales are included with the application materials. Staff are available to assist patients in determining their eligibility. Approval will be based on a review of your completed application and additional relevant materials.

Once approved, sliding fee discounts will be applied to the NOHN services available to you as a patient, including medical, dental, behavioral health, vision, and pharmacy services.

Sliding fee discounts are adjusted for certain services, and separate conditions and/or fees may apply:

Upper-Level Dental Services

In addition to preventive and restorative dentistry, we offer upper-level services such as root canals, crowns, and bridges.

- Service Fee: A nominal fee will apply for all upper-level services, due on the date of service.
- <u>Dental Lab Costs:</u> Some upper-level services may incur lab costs to produce materials. Lab fees are due prior to performing services. *Sliding fee discounts do not apply to lab costs*.

NOHN Pharmacy:

If a patient qualifies for the Sliding Fee Program discount and chooses to utilize Pharmacy Prescription Services, a coupon will be included with their approval letter. Patients must inform their healthcare provider that they would like to use this service in order to have all prescriptions switched to NOHN's on-site pharmacy.

Olympic Medical Center:

If a patient chooses to go to Olympic Medical Center (OMC) or one of its Specialty Clinics, the provider will generate an appropriate referral at an appointment. The patient's Sliding Fee Program tier will be noted on the chart. OMC has a separate financial assistance program and application process that may have different guidelines for sliding scale. Patients may be referred to their financial department for further instruction.

For more information, please visit <u>www.nohn-pa.org/sliding-fee-program</u> or scan the QR code below with your smartphone.





Sliding Fee Program Attestation Letter

Patient Name	Date
If you do not have income, please explaincluding housing and food.	ain how you are managing to meet your essential needs,
	for someone who is not applying with whom we can intact person cannot be a NOHN employee.)
Name	Relationship
Address	Phone #
City, ST, ZIP	
	Date



2025	2025 North Olympic	oic Healt	Healthcare Network	etwork	Slidir	Sliding Fee Scale	cale
	Category Slide >>	А	В	Э	D	E	N/A
	POVERTY LEVEL	0-100%	101-125%	126-150%	151-175%	176-200%	>200%
Family	Patient	100%	%06	%08	%02	%09	
Size	Responsibility =	Discount	Discount	Discount	Discount	Discount	No Discount
	Annual (up to)	\$15,650.00	\$19,562.50	\$23,475.00	\$27,387.50	\$31,300.00	\$31,301.00
	Monthly	\$1,304.17	\$1,630.21	\$1,956.25	\$2,282.29	\$2,608.33	\$2,608.42
T	Weekly	96'00E\$	\$376.20	\$451.44	\$526.68	\$601.92	\$601.94
	Annual (up to)	\$21,150.00	\$26,437.50	\$31,725.00	\$37,012.50	\$42,300.00	\$42,301.00
r	Monthly	\$1,762.50	\$2,203.13	\$2,643.75	\$3,084.38	\$3,525.00	\$3,525.08
7	Weekly	\$406.73	\$508.41	\$610.10	\$711.78	\$813.46	\$813.48
	Annual (up to)	\$26,650.00	\$33,312.50	\$39,975.00	\$46,637.50	\$53,300.00	\$53,301.00
	Monthly	\$2,220.83	\$2,776.04	\$3,331.25	\$3,886.46	\$4,441.67	\$4,441.75
2	Weekly	\$512.50	\$640.63	\$768.75	\$896.88	\$1,025.00	\$1,025.02
	Annual (up to)	\$32,150.00	\$40,187.50	\$48,225.00	\$56,262.50	\$64,300.00	\$64,301.00
7	Monthly	\$2,679.17	\$3,348.96	\$4,018.75	\$4,688.54	\$5,358.33	\$5,358.42
7	Weekly	\$618.27	\$772.84	\$927.40	\$1,081.97	\$1,236.54	\$1,236.56
	Annual (up to)	\$37,650.00	\$47,062.50	\$56,475.00	\$65,887.50	\$75,300.00	\$75,301.00
L	Monthly	\$3,137.50	\$3,921.88	\$4,706.25	\$5,490.63	\$6,275.00	\$6,275.08
n	J Weekly	\$724.04	\$905.05	\$1,086.06	\$1,267.07	\$1,448.08	\$1,448.10
	Annual (up to)	\$43,150.00	\$53,937.50	\$64,725.00	\$75,512.50	\$86,300.00	\$86,301.00
Ú	Monthly	\$3,595.83	\$4,494.79	\$5,393.75	\$6,292.71	\$7,191.67	\$7,191.75
O	Weekly	\$829.81	\$1,037.26	\$1,244.71	\$1,452.16	\$1,659.62	\$1,659.63
	Annual (up to)	\$48,650.00	\$60,812.50	\$72,975.00	\$85,137.50	\$97,300.00	\$97,301.00
٢	Monthly	\$4,054.17	\$5,067.71	\$6,081.25	\$7,094.79	\$8,108.33	\$8,108.42
,	Weekly	\$935.58	\$1,169.47	\$1,403.37	\$1,637.26	\$1,871.15	\$1,871.17
	Annual (up to)	\$54,150.00	\$67,687.50	\$81,225.00	\$94,762.50	\$108,300.00	\$108,301.00
0	Monthly	\$4,512.50	\$5,640.63	\$6,768.75	\$7,896.88	\$9,025.00	\$9,025.08
0	Weekly	\$1,041.35	\$1,301.68	\$1,562.02	\$1,822.36	\$2,082.69	\$2,082.71
Each	Annual (up to)	\$5,500.00	\$6,875.00	\$8,250.00	\$9,625.00	\$11,000.00	\$11,001.00
Additional	Monthly	\$458.33	\$572.92	\$687.50	\$802.08	\$916.67	\$916.75
Person	Weekly	\$105.77	\$132.21	\$158.65	\$185.10	\$211.54	\$211.56



Sliding Fee Scale **2025** NOHN Upper Level Dental Services

The Nominal Fee and Lab fees are collected before the service start date and are not included in the scale calculations below. The remaining balance is billed to the patient after the service date.

POVERTY LEVEL D-100% D-1125% D-15-15								
POVERTY LEVEL 0-100% 101-125% 126-15		Category Slide >>	٨	В	С	D	E	N/A
Patient Nominal Fee Nominal Fee Nominal Fee Responsibility = \$150.00 \$150.00 + 10% \$150.0		POVERTY LEVEL	0-100%	101-125%	126-150%	151-175%	176-200%	>200%
Responsibility = \$150.00 \$150.00 + 10% \$150.00 Annual (up to) \$15,650.00 \$19,562.50 \$1,000 + 10% \$1,000 + 10	amily	Patient		Nominal Fee	Nominal Fee	Nominal Fee	Nominal Fee	
Annual (up to) \$15,650.00 \$19,562.50 \$ \$1,630.21 Weekly \$1,304.17 \$1,630.21 \$ \$1,630.21 Annual (up to) \$21,150.00 \$26,437.50 \$ \$376.20 Annual (up to) \$21,762.50 \$2,203.13 \$ \$2,203.13 Annual (up to) \$26,650.00 \$33,312.50 \$ \$40.63 Annual (up to) \$26,650.00 \$40,187.50 \$ \$40.63 Annual (up to) \$32,150.00 \$40,187.50 \$ \$40.63 Annual (up to) \$32,150.00 \$40,187.50 \$ \$40.63 Annual (up to) \$3,137.50 \$3,348.96 \$ \$40.63 Annual (up to) \$32,50.00 \$40.62.00 \$ \$40.63 Annual (up to) \$43,150.00 \$56,081.50 \$ \$40.67.71 Annual (up to) \$48,550.00 \$60,812.50 \$ \$40.67.71 Annual (up to) \$54,054.17 \$5,067.71 \$ \$40.64.77 Annual (up to) \$54,054.15 \$5,067.71 \$ \$4,504.75 \$ \$4,504.75 Annual (up to) \$55,400.00 \$6,875.00 \$6,875.00 \$6,877.00 <th>ize</th> <th>Responsibility =</th> <th>\$150.00</th> <th>\$150.00 + 10%</th> <th>\$150.00 + 20%</th> <th>\$150.00 + 30%</th> <th>\$150.00 + 40%</th> <th>No Discount</th>	ize	Responsibility =	\$150.00	\$150.00 + 10%	\$150.00 + 20%	\$150.00 + 30%	\$150.00 + 40%	No Discount
4 Monthly \$1,304.17 \$1,630.21 4 Weekly \$300.96 \$376.20 5 Monthly \$21,150.00 \$26,437.50 \$376.20 4 Monthly \$1,762.50 \$26,437.50 \$508.41 5 Monthly \$406.73 \$508.41 \$508.41 4 Monthly \$22,220.83 \$2,776.04 \$640.63 5 Monthly \$22,220.83 \$2,776.04 \$640.63 6 Monthly \$22,220.83 \$2,776.04 \$640.63 8 Monthly \$22,679.17 \$3,348.96 \$640.63 8 Monthly \$32,150.00 \$40,187.50 \$640.187.50 9 Monthly \$32,150.00 \$44,947.9 \$64,494.79 9 Monthly \$3,150.00 \$60,812.50 \$60,812.50 9 Monthly \$4,054.17 \$5,067.71 \$60,812.50 \$60,812.50 10 Monthly \$4,512.50 \$5,640.63 \$60,812.50 \$60,812.50 10 Monthly \$4,512.50 \$5,640.63 \$60,812.50 \$60,812.50 10 Monthly \$4,512.50 \$6,640.63 \$60,640.6		Annual (up to)	\$15,650.00	\$19,562.50	\$23,475.00	\$27,387.50	\$31,300.00	\$31,301.00
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Weekly \$724.04 \$905.05 Annual (up to) \$43,150.00 \$53,937.50 \$ Monthly \$3,595.83 \$4,494.79 \$ Annual (up to) \$48,650.00 \$60,812.50 \$ Monthly \$4,054.17 \$5,067.71 \$ Weekly \$935.58 \$1,169.47 \$ Monthly \$4,512.50 \$67,687.50 \$ Meekly \$1,041.35 \$1,301.68 \$ Annual (up to) \$5,500.00 \$6,875.00 \$ Annual (up to) \$5,500.00 \$6,875.00 \$ Annual (up to) \$5,500.00 \$6,875.02 \$ Annual (up to) \$5,500.00 \$6,875.02 \$ Annual (up to) \$5,500.00 \$6,875.02 \$	L	Monthly	\$3,137.50	\$3,921.88	\$4,706.25	\$5,490.63	\$6,275.00	\$6,275.08
Annual (up to) \$43,150.00 \$53,937.50 Monthly \$3,595.83 \$4,494.79 Weekly \$829.81 \$1,037.26 Annual (up to) \$48,650.00 \$60,812.50 Monthly \$4,054.17 \$5,067.71 Annual (up to) \$54,150.00 \$67,687.50 Weekly \$1,041.35 \$1,301.68 Annual (up to) \$5,000.00 \$6,875.00 Annual (up to) \$55,500.00 \$6,875.00 Annual (up to) \$55,500.00 \$6,875.00 Annual (up to) \$55,500.00 \$6,875.00	J	Weekly	\$724.04	\$905.05	\$1,086.06	\$1,267.07	\$1,448.08	\$1,448.10
Monthly \$3,595.83 \$4,494.79 Weekly \$829.81 \$1,037.26 Annual (up to) \$48,650.00 \$60,812.50 Weekly \$4,054.17 \$5,067.71 Weekly \$935.58 \$1,169.47 Annual (up to) \$54,150.00 \$67,687.50 Weekly \$4,012.50 \$5,640.63 Annual (up to) \$4,512.50 \$5,640.63 Annual (up to) \$5,500.00 \$6,875.00 Annual (up to) \$5,500.00 \$6,875.00 \$5,500.00 \$6,875.02		Annual (up to)	\$43,150.00	\$53,937.50	\$64,725.00	\$75,512.50	\$86,300.00	\$86,301.00
Veekly \$829.81 \$1,037.26 Annual (up to) \$48,650.00 \$60,812.50 Monthly \$4,054.17 \$5,067.71 Weekly \$935.58 \$1,169.47 Annual (up to) \$54,150.00 \$67,687.50 Weekly \$4,512.50 \$5,640.63 Weekly \$1,041.35 \$1,301.68 Annual (up to) \$5,500.00 \$6,875.00 Monthly \$45.50.33 \$572.92	U		\$3,595.83	\$4,494.79	\$5,393.75	\$6,292.71	\$7,191.67	\$7,191.75
Annual (up to) \$48,650.00 \$60,812.50 Monthly \$4,054.17 \$5,067.71 Weekly \$935.58 \$1,169.47 Annual (up to) \$54,150.00 \$67,687.50 Weekly \$4,512.50 \$5,640.63 Annual (up to) \$5,000.00 \$6,875.00 Annual (up to) \$5,500.00 \$6,875.00 Annual (up to) \$5,500.33 \$572.92	0	Weekly	\$829.81	\$1,037.26	\$1,244.71	\$1,452.16	\$1,659.62	\$1,659.63
7 Monthly \$4,054.17 \$5,067.71 Weekly \$935.58 \$1,169.47 Annual (up to) \$54,150.00 \$67,687.50 Monthly \$4,512.50 \$5,640.63 Annual (up to) \$1,041.35 \$1,301.68 Annual (up to) \$5,500.00 \$6,875.00 Monthly \$45,503.33 \$572.92			\$48,650.00	\$60,812.50	\$72,975.00	\$85,137.50	\$97,300.00	\$97,301.00
Veekly \$935.58 \$1,169.47 Annual (up to) \$54,150.00 \$67,687.50 Monthly \$4,512.50 \$5,640.63 Weekly \$1,041.35 \$1,301.68 Annual (up to) \$5,500.00 \$6,875.00 Monthly \$458.33 \$572.92	7	Monthly	\$4,054.17	\$5,067.71	\$6,081.25	\$7,094.79	\$8,108.33	\$8,108.42
Annual (up to) \$54,150.00 \$67,687.50 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	/	Weekly	\$935.58	\$1,169.47	\$1,403.37	\$1,637.26	\$1,871.15	\$1,871.17
Monthly \$4,512.50 \$5,640.63 Weekly \$1,041.35 \$1,301.68 Annual (up to) \$5,500.00 \$6,875.00 Monthly \$458.33 \$572.92		Annual (up to)	\$54,150.00	\$67,687.50	\$81,225.00	\$94,762.50	\$108,300.00	\$108,301.00
Weekly \$1,041.35 \$1,301.68 Annual (up to) \$5,500.00 \$6,875.00 Inal Monthly \$458.33 \$572.92	0	Monthly	\$4,512.50	\$5,640.63	\$6,768.75	\$7,896.88	\$9,025.00	\$9,025.08
Annual (up to) \$5,500.00 \$6,875.00 Annual (up to) \$458.33 \$572.92 \$6.61.00 \$6.	0	Weekly	\$1,041.35	\$1,301.68	\$1,562.02	\$1,822.36	\$2,082.69	\$2,082.71
inal Monthly \$458.33	ach	Annual (up to)	\$5,500.00	\$6,875.00	\$8,250.00	\$9,625.00	\$11,000.00	\$11,001.00
440111	dditional	Monthly	\$458.33	\$572.92	\$687.50	\$802.08	\$916.67	\$916.75
Weekly \$105.//	Person	Weekly	\$105.77	\$132.21	\$158.65	\$185.10	\$211.54	\$211.56



2025 NOHN Pharmacy Sliding Fee Scale

The Actual Acquisition Price of the drug is not included in the scale calculations below (+) plus the NOHN Dispensing Fee of \$21.00 scaled calculations below.

	Category Slide >>	Α	В	C	D	E	N/A
	POVERTY LEVEL	0-100%	101-125%	126-150%	151-175%	176-200%	>500%
Family	Patient	100%	%06	%08	%02	%09	
Size	Responsibility =	Discount	Discount	Discount	Discount	Discount	No Discount
	Annual (up to)	\$15,650.00	\$19,562.50	\$23,475.00	\$27,387.50	\$31,300.00	\$31,301.00
_	Monthly	\$1,304.17	\$1,630.21	\$1,956.25	\$2,282.29	\$2,608.33	\$2,608.42
7	Weekly	96'00E\$	\$376.20	\$421.44	\$29.92\$	\$601.92	\$601.94
	Annual (up to)	\$21,150.00	\$26,437.50	\$31,725.00	\$37,012.50	\$42,300.00	\$42,301.00
•	Monthly	\$1,762.50	\$2,203.13	\$2,643.75	\$3,084.38	\$3,525.00	\$3,525.08
7	W eekly	\$406.73	\$508.41	\$610.10	\$711.78	\$813.46	\$813.48
	Annual (up to)	\$26,650.00	\$33,312.50	\$39,975.00	\$46,637.50	\$53,300.00	\$53,301.00
•	Monthly	\$2,220.83	\$2,776.04	\$3,331.25	\$3,886.46	\$4,441.67	\$4,441.75
Ç	S Weekly	\$512.50	\$640.63	\$7.897\$	\$8.968\$	\$1,025.00	\$1,025.02
	Annual (up to)	\$32,150.00	\$40,187.50	\$48,225.00	\$56,262.50	\$64,300.00	\$64,301.00
_	Monthly	\$2,679.17	\$3,348.96	\$4,018.75	\$4,688.54	\$5,358.33	\$5,358.42
4	4 Weekly	\$618.27	\$772.84	\$927.40	\$1,081.97	\$1,236.54	\$1,236.56
	Annual (up to)	\$37,650.00	\$47,062.50	\$56,475.00	\$65,887.50	\$75,300.00	\$75,301.00
L	Monthly	\$3,137.50	\$3,921.88	\$4,706.25	\$5,490.63	\$6,275.00	\$6,275.08
C	Weekly	\$724.04	\$905.05	\$1,086.06	\$1,267.07	\$1,448.08	\$1,448.10
	Annual (up to)	\$43,150.00	\$53,937.50	\$64,725.00	\$75,512.50	\$86,300.00	\$86,301.00
7	Monthly	\$3,595.83	\$4,494.79	\$5,393.75	\$6,292.71	\$7,191.67	\$7,191.75
0	O Weekly	\$829.81	\$1,037.26	\$1,244.71	\$1,452.16	\$1,659.62	\$1,659.63
	Annual (up to)	\$48,650.00	\$60,812.50	\$72,975.00	\$85,137.50	\$97,300.00	\$97,301.00
7	Monthly	\$4,054.17	\$5,067.71	\$6,081.25	\$7,094.79	\$8,108.33	\$8,108.42
/	Weekly	\$935.58	\$1,169.47	\$1,403.37	\$1,637.26	\$1,871.15	\$1,871.17
	Annual (up to)	\$54,150.00	\$67,687.50	\$81,225.00	\$94,762.50	\$108,300.00	\$108,301.00
0	Monthly	\$4,512.50	\$5,640.63	\$6,768.75	\$7,896.88	\$9,025.00	\$9,025.08
0	O Weekly	\$1,041.35	\$1,301.68	\$1,562.02	\$1,822.36	\$2,082.69	\$2,082.71
Each	Annual (up to)	\$5,500.00	\$6,875.00	\$8,250.00	\$9,625.00	\$11,000.00	\$11,001.00
Additional	Monthly	\$458.33	\$572.92	\$687.50	\$802.08	\$916.67	\$916.75
Person	Weekly	\$105.77	\$132.21	\$158.65	\$185.10	\$211.54	\$211.56