Sunrise Clinics
Providing Exceptional Rural Healthcare

Sliding Fee Discount Program Application

Applicant's Name: _____ Today's Date: _____

Address: _____ City: _____ State: _____ Zip _____

Sunrise Clinics is committed to providing primary healthcare services to patients regardless of their ability to pay. Discounts are offered to members of households with a combined income of 200% and below the Federal Poverty Level. Please look at the chart below[1] to see if you qualify.

	SF A		SF B		SF C		SF D		SF E		SF F
Family Size	100% & Below		101% - 125%		126% - 150%		151% - 175%		176% - 200%		201% & Above
	No Fee		$1		$5		$8		$10		No Discount
	From	To	From	To	From	To	From	To	From	To	Equal to or Above
1	$-	$14,580	$14,581	$18,225	$18,226	$21,870	$21,871	$ 25,515	$ 25,516	$ 29,160	$ 29,161
2	$-	$19,720	$19,721	$24,650	$24,651	$29,580	$29,581	$ 34,510	$ 34,511	$ 39,440	$ 39,441
3	$-	$24,860	$24,861	$31,075	$31,076	$37,290	$37,291	$ 43,505	$ 43,506	$ 49,720	$ 49,721
4	$-	$30,000	$30,001	$37,500	$37,501	$45,000	$45,001	$ 52,500	$ 52,501	$ 60,000	$ 60,001
5	$-	$35,140	$35,141	$43,925	$43,926	$52,710	$52,711	$ 61,495	$ 61,496	$ 70,280	$ 70,281
6	$-	$40,280	$40,281	$50,350	$50,351	$60,420	$60,421	$ 70,490	$ 70,491	$ 80,560	$ 80,561
7	$-	$45,420	$45,421	$56,775	$56,776	$68,130	$68,131	$ 79,485	$ 79,486	$ 90,840	$ 90,841
8	$-	$50,560	$50,561	$63,200	$63,201	$75,840	$75,841	$ 88,480	$ 88,481	$101,120	$ 101,121
9	$-	$55,700	$55,701	$69,625	$69,626	$83,550	$83,551	$ 97,475	$ 97,476	$111,400	$ 111,401
10	$-	$60,840	$60,841	$76,050	$76,051	$91,260	$91,261	$106,470	$106,471	$121,680	$ 121,681

☐**Yes**, I would like to be considered for the Sliding Fee Discount. I warrant that based on the chart above, based on family size and income, I quality for the following Discount: A B C D E

☐**No**, I do not want to be considered for the Sliding Fee Discount. I understand that I will be responsible for full payment of all charges at the time of service.

Print Name: _____ Sign Name: _____ Date: _____

For Office Use Only

Applicant's Gross Income: _____ **Circle One**: Daily Weekly Bi-weekly Monthly Annually

[1] Based on 2023 Federal Poverty Guidelines for family size and income.

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Family Size: _____

Proof of Income (Circle One): Paystub or other documentation Self-Attestation