



PATIENT PAYMENT NOTICE

January 2026

CrescentCare offers a sliding fee discount to patients whose incomes fall at or below 200% of the Federal Poverty Guidelines. Patients that qualify are eligible for a sliding fee discount on all services provided at CrescentCare. The sliding fee nominal charge will apply to patients without health insurance, to patients with health insurance when their insurance does not cover a particular service, and to cost-sharing amounts for insured patients who are eligible for the sliding fee discount.

To qualify for the sliding fee discount program, you must complete an application and provide proof of income. We accept the following documentation as proof of income: check stubs, SSI/SSDI award letter, food stamps letter, letter from employer, proof of Medicaid, personal income tax form or proof of acceptance on a subsidized housing program. If you do not provide proof of income within 30 calendar days, you will be responsible for the full amount charged for the visit.

If you have insurance and do not qualify for the sliding fee discount, we will charge you according to the guidelines of your insurance plan (copays and deductibles).

If you **do not** have insurance and do not qualify for the sliding fee discount, we require a minimum down payment and will bill you for your remaining charges. Payment plans are available upon request.

Lab charges will be billed directly to your insurance plan by the lab company; the lab company will then bill you directly for any outstanding balance. If you have no insurance and you qualify for the sliding fee discount, then the lab company will waive your lab charges. If you have no insurance and you do not qualify for the sliding fee discount, then the lab company will bill you directly for the lab charges.

Charges for supplies and equipment (such as LARCs (Long-Acting Reversible Contraception) crowns and dentures) are not included in the sliding fee discount and will be charged separately. Please request a treatment plan from your provider to know how much the services will cost. Payment plans are available upon request.

CrescentCare is required to collect copays, deductibles, sliding fee charges and down payments at time of visit. CrescentCare offers additional assistance for patients living with HIV through the Ryan White Program.

For additional information, please go to the Patient Hub on our website www.crescentcare.org

CrescentCare's sliding fee discount schedule is grouped as follows based on the Federal Poverty Level (FPL):

- Group A: 0 – 100% of FPL
- Group B: 101 – 150% of FPL
- Group C: 151 – 175% of FPL
- Group D: 176 – 200% of FPL

The following table details the income qualifications, the sliding fee charges and minimum down payment amounts. This table is updated annually with the Federal Poverty Level guidelines.

CrescentCare serves patients regardless of their ability to pay. Payment is expected at time of service. Please speak with one of our staff for more detailed information and to enroll in insurance.

January 2026

2026 Federal Poverty Guidelines (FPL) & CrescentCare Sliding Fee Discount Charges					
Persons in Household*	Group A Family Annual Income: at or below 100% FPL	Group B Family Annual Income: 101% up to 150% FPL	Group C Family Annual Income: 151% up to 175% FPL	Group D Family Annual Income: 176% up to 200% FPL	Over 200%
1	\$15,960	\$23,940	\$27,930	\$31,920	
2	\$21,640	\$32,460	\$37,870	\$43,280	
3	\$27,320	\$40,980	\$47,810	\$54,640	
4	\$33,000	\$49,500	\$57,750	\$66,000	
5	\$38,680	\$58,020	\$67,690	\$77,360	
6	\$44,360	\$66,540	\$77,630	\$88,720	
7	\$50,040	\$75,060	\$87,570	\$100,080	
8	\$55,720	\$83,580	\$97,510	\$111,440	
Patient's Responsibility Due at Time of Service:					Minimum Down Payment:
Medical Services	\$15	\$30	\$40	\$50	\$100
Behavioral Health Services	\$15	\$30	\$40	\$50	\$100
Dental Diagnostic (x-rays, exam, treatment plan)	\$45	\$55	\$65	\$75	\$100
Dental Preventative (cleanings and fillings)	\$100	\$125	\$150	\$175	\$200
Dental Removable (dentures, night guards)	\$400	\$450	\$500	\$600	\$300
Dental Fixed (crowns)	\$500	\$550	\$600	\$650	\$400

* At CrescentCare household or family size is all individuals who define and present themselves as a family for services, regardless of actual or perceived marital status, sexual orientation, or gender identity. A family may be a group of related or unrelated persons who share living arrangements, expenses and income. Non-relatives, such as housemates, do not count as members of the family. The definition of “dependent” is any individual the applicant is legally obligated to support.

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