### How do I apply?

1. Fill out the application form.

Download the form at www.chcc.health or pick it up at our office at the Outpatient Clinic lobby.

#### 2. Provide proof of family income.

Make a copy of at least **one** of the following for all income-earning family members:

- Prior year W-2
- Two most recent pay stubs
- Employment verification e.g. letter from employer, or Form 4506-T (if W-2 not filed).
- If self-employed, submit a report of the most recent three months of income and expenses for your business.
- Affidavit of no income

Eligibility is based on gross annual income for all immediate family members living in your household. Gross income is ALL income from ALL sources before taxes.

#### 3. Submit your Documents

Bring your form and proof of income to the program office located at the Outpatient Clinic lobby.

## Frequently Asked Questions

#### Is the CHCC a free clinic?

No. All patients are responsible for a portion of their cost of care, but will not be denied basic medical care due to an inability to pay. If you are eligible for the sliding fee program, you will be responsible for a discounted fee for basic medical services.

### Who pays for the services that are discounted?

Most of the discounts provided through this program are covered by the CHCC. When available, grants, local government appropriations, and donations are used to cover costs.

#### I'm not a U.S. Citizen. Can I still apply? Yes

## Do I have to be a resident of the CNMI to apply for the sliding fee?

#### What if I have no income at all?

You can still apply for the sliding fee program. Our financial office will be happy to assist you.

## What services are discounted through the program?

Depending on your eligibility, the following services are:

- CHCC Primary Care- Outpatient Clinics
- Diagnostic Laboratory (referred by CHCC provider)\*Note: Not all Laboratory services are covered.
- Diagnostic Radiology (referred by CHCC provider)\*Note: Not all Radiology services are covered.
- Outpatient prescriptions (referred by CHCC provider)

COMMONWEALTH HEALTHCARE CORPORATION



# Sliding Fee Program

The Sliding Fee Discount Program is designed to help you cover out-of-pocket expenses for primary care at the CHCC.

Patient eligibility is based solely on household size and income.

Updated: 2023-06

# What is the Sliding Fee Program?

The Commonwealth Healthcare Corporation (CHCC) offers the sliding fee scale to all eligible patients with annual household incomes of up to 200% of the family poverty level for primary care services. The discounted amount depends on your family size and income.

Services eligible for these discounts include Outpatient Primary Care visits, associated Laboratory and Radiology tests, Outpatient Prescriptions, and Basic Dental Services. Although, these are heavily discounted, there may be a small cost to you.

Patients with health insurance coverage are also welcome to apply. Discounts are applied to copays on covered services.

Income Guideline Example:

If you are a family of four (4) and your total annual family income is less than \$69,000, you are eligible for discounts on select services at CHCC.

### What is not covered?

- Hospital stays
- Oncology-Chemotherapy
- Dialysis
- Any service or treatment provided or prescribed by a medical provider who is not employed by CHCC.
- Services or items determined as NOT MEDICALLY NECESSARY for the diagnosis or treatment of a disease, injury or condition.
- Cosmetic Surgery
- Prosthodontics and Cosmetic Dentistry
- Fertility Procedures
- Morgue Services
- Prosthetic Devices and Durable Medical Equipment (including but not limited to dentures/partial dentures)
- Over the counter medication and supplies
- Other services which are not primary care

### Commonwealth Health Care Corporation

P.O. Box 500409, Saipan MP 96950

www.chcc.health

Patient Responsibility				
	100	75	50	25
CHCC Outpatient Clinic	\$5.00	25%	50%	75%
Diagnostic Laboratory	\$5.00	25%	50%	75%
Diagnostic Radiology	\$5.00	25%	50%	75%
CHCC Outpatient Pharmacy	Acquisit- ion cost + \$2.50 dispen- sing fee	Acquisit- ion cost + \$2.50 dispen- sing fee	Acquisit- ion cost + \$2.50 dispen- sing fee	Acquisit- ion cost + \$2.50 dispen- sing fee
Dental Services	<b>\$10.00</b> per appoint- ment	<b>25%</b> , per appoint- ment	<b>50%</b> , per appoint- ment	<b>75%</b> , per appoint- ment

\*Note: Not all Laboratory or Radiology services are covered.

## What if I can't afford my medical care?

If you are having difficulty covering your medical expenses, please work with one of our cashiers to assist you with a payment plan.

For more information, contact: Phone: (670) 234-8951 ext. 1230/1231 Fax: (670) 233-8384 Or visit the program office near the CHCC outpatient clinic waiting area.