



Financial Assistance is Available for Qualified Low-Income Patients With or Without Health Insurance

To be eligible, an individual must meet with one of HealthFirst Family Care Center's Patient Benefits Coordinators.

Hours of Operation for Patient Benefits Department are:

8:00 AM to 5:00 PM - Monday through Friday

Telephone number for Patient Benefits Department is: **774-627-1238**

You Must Bring the Following Applicable information for All of Your Household Members :

- **Photo Identification**
- **Proof of Massachusetts Residency**
(Rent receipt with name and address, gas or electric bill, lease agreement, property tax bill, If living with someone a letter from that individual stating you are living with him/her, or a self-declaration letter stating you live at current address.)
- **Proof of Income (Applicable to All Members Who Have Income)**
(Two pay stubs from each job, letter from unemployment or two check stubs, Rental Income, Alimony, Social Security Income, If you receive cash from your employer bring a letter stating hours worked and gross pay per week, and If you are self-employed bring your Federal Income Tax return from previous year (1040 tax form with Schedule C form)

HealthFirst will provide a payment plan for up to two years for low income patients or patients who qualify for medical hardship under 114.6 CMR 13.05

HealthFirst offers Sliding Fee Discounts to patients who are ineligible for the Health Safety Net. HealthFirst offers a full discount to patients who fall under 100% of the Federal Poverty Income Guidelines (FPIG) and Sliding Fee Discounts to patients with incomes between 100% and 200% of the FPIG.

HealthFirst Family Care Center, Inc.					
Sliding Fee Scale - 2021					ATTACHMENT : A
NON FEDERAL	MEDICAL & DENTAL VISITS				
Over 200% FPL	Effective: 3/01/2021				
	F	G	H	I	J
	Yearly Income	Yearly Income	Yearly Income	Yearly Income	Yearly Income
	201% - 225%	226% - 250%	251% - 275%	276% - 300%	over 300%
FAMILY SIZE					
1	\$25,761 - \$28,980	\$28,981 - \$32,200	\$32,201 - \$35,420	\$35,421 - \$38,640	\$38,641 and over
2	\$34,841 - \$39,195	\$39,196 - \$43,550	\$43,551 - \$47,905	\$47,906 - \$52,260	\$52,261 and over
3	\$43,921 - \$49,410	\$49,411 - \$54,900	\$54,901 - \$60,390	\$60,391 - \$65,880	\$65,881 and over
4	\$53,001 - \$59,625	\$59,626 - \$66,250	\$66,251 - \$72,875	\$72,876 - \$79,500	\$79,501 and over
5	\$62,081 - \$69,840	\$69,841 - \$77,600	\$77,601 - \$85,360	\$85,361 - \$93,120	\$93,121 and over
6	\$71,161 - \$80,055	\$80,056 - \$88,950	\$88,951 - \$97,845	\$97,846 - \$106,740	\$106,741 and over
7	\$80,241 - \$90,270	\$90,271 - \$100,300	\$100,301 - \$110,330	\$110,331 - \$120,360	\$120,361 and over
8	\$89,321 - \$100,485	\$100,486 - \$111,650	\$111,651 - \$122,815	\$122,816 - \$133,980	\$133,981 and over
	\$4,540				
Flat Rate Effective: 7/1/2019					
able Patient Pays:					
Medical	\$43	\$50	\$57	\$64	\$142.00
					Full charge/visit
Dental	35%	40%	45%	50%	Full charge/visit
					Full charge/visit