

North East Medical Services Sliding Fee Discount Program

North East Medical Services (NEMS) offers a Sliding Fee Discount Program to patients who meet federal income guidelines to help reduce the cost of their services received at our clinics. This program allows us to offer a wide range of services to all patients, regardless of their ability to pay, source(s) of income, and insurance status. You must re-enroll in the program each year.



What is the Sliding Fee Discount Program?

The Sliding Fee Discount Program allows NEMS to provide discounts on charges based on a sliding fee scale. The amount of discount is determined by the size of your family and your household income.

Who is Eligible to Apply for the Sliding Fee Discount Program?

All patients may apply regardless of whether you have or do not have insurance. We use your family size and household income to determine your eligibility and level of discount. Patients with household income at or below 200% of the federal poverty guidelines will be eligible for sliding fee.

What are the Sliding Fee Discount Program Services?

We offer a sliding fee discount for medical, dental, optometry, and behavioral health visits as well as pharmacy, labs, and x-rays for eligible patients. Not all services are eligible for the sliding fee discount and you will be responsible for the balance due on services that are not included.

How Do I Apply?

A Member Services Staff can help you enroll in the Sliding Fee Discount Program during registration and when you renew your membership annually. In order to participate in the Sliding Fee Discount Program, a patient must complete the Sliding Fee Discount Program Application and provide required proof of income for yourself and those in your household.

What Can Be Used as Proof of Income?

To determine your sliding fee discount level, you must provide proof of household income for yourself and those in your household, including:

- Current federal tax return
- Current pay check stub
- Signed statement from employer
- Bank statement / Bank book showing direct deposit
- Unemployment benefits statement stub
- Worker's compensation statement
- Copy of award or benefit letter from the government (e.g. Employment Development Department, Social Security Administration, etc.)

If none of the above documents are available for review, other forms of verification may be accepted. Patients should contact the Member Services Department at their clinic for more information.

If you choose not to bring proof of income, you will be charged the full cost for services.

Who should I contact if I have more questions?

If you have questions or need assistance, please call our Member Services Department at **415-391-9686** or **650-550-3923** or **408-573-9686**.

東北醫療中心減費優惠計劃

東北醫療中心(NEMS)為符合聯邦收入標準的人士提供減費優惠計劃，以幫助降低在東北診所接受服務的費用。該計劃允許我們為所有人士提供廣泛的服務，無需考慮他們的支付能力、收入來源和保險狀況。這項減費計劃每年要核查一次。



什麼是減費優惠計劃？

減費優惠計劃允許東北醫療中心根據聯邦收入標準提供減費優惠，減費水平取決於您的家庭人數和家庭收入。

誰有資格申請減費優惠計劃？

無論是否有醫療保險，所有人士都可以申請。我們根據您的家庭人數和家庭收入來確定您的資格和減費水平。家庭收入等於或低於聯邦貧困線200%的人士將有資格享受減費優惠。

減費標準計劃包括什麼服務？

我們為符合條件的人士提供醫療、牙科、驗光和行為健康檢查以及藥房、化驗和X光檢查的減費優惠。並非所有本中心所提供的服務都有減費優惠，但您有責任支付減費優惠計劃或您的醫療計劃/醫療保險不承擔的服務費用。

我該如何申請？

東北醫療中心的會員服務部可以在幫您辦理會員登記及每年續期手續時幫您申請減費計劃。有興趣參加這項計劃的人士必須填寫「減費優惠計劃申請表」和提供您本人和家庭收入證明。

什麼可以作為收入證明？

要確定您的減費水平，您必須提供您本人和家庭成員的收入證明，包括：

- 最新的聯邦報稅表
- 失業金支票存根
- 最近的工資單存根
- 工傷補償存根
- 僱主提供的收入證明
- 政府福利信件（加州就業發展局EDD，美國社會安全局SSA等）
- 銀行月結單，銀行存摺（直接存款記錄）

如果無法提供上述文件供審查，也可能接受其他形式的驗證。請聯繫當地東北診所的會員服務部了解更多信息。如果您選擇不提供收入證明，您將需要支付全額服務費用。

如果想了解更多信息，應該與誰聯繫？

如果您有任何疑問或需要幫助，請致電會員服務部，電話：(415) 391-9686 或 (650) 550-3923 或 (408) 573-9686。

NEMS ID: _____

NAME: _____

DOB: _____

**SLIDING FEE DISCOUNT APPLICATION
減費優惠計劃申請表**

Date 日期 _____

Name 姓名 _____ Date of birth 出生日期 _____

Address 地址 _____

City 市 _____ State 州 _____ Zip 郵政編碼 _____

Home phone 住所電話 _____ Cell phone 手提電話 _____

List spouse/domestic partner and dependents under age 21

請列出您的家庭成員，例如配偶／同居伴侶和年齡 21 歲以下的受撫養人

Spouse/domestic partner name 配偶／同居伴侶 _____ Date of birth 出生日期 _____

Dependent name 受撫養人 _____ Date of birth 出生日期 _____

Dependent name 受撫養人 _____ Date of birth 出生日期 _____

Dependent name 受撫養人 _____ Date of birth 出生日期 _____

Dependent name 受撫養人 _____ Date of birth 出生日期 _____

Dependent name 受撫養人 _____ Date of birth 出生日期 _____

Dependent name 受撫養人 _____ Date of birth 出生日期 _____

Total household members = _____
家庭成員總數 _____

NEMS ID:

NAME:

DOB:

SLIDING FEE DISCOUNT APPLICATION 減費優惠計劃申請表

Annual household income

家庭年度收入

Source 收入來源	Self 自己	Spouse 配偶	Other 其他	Total 合共
Gross wages, salaries, tips, etc. 總收入、工資、小費、其他				
Income from business, self-employment, and dependents 生意收入、自僱收入和擔養收入				
Unemployment compensation, workers' compensation, Social Security, Veterans' payments, survivor benefits, pension, or retirement income 失業金、人工補償金、社會保障金、退伍軍人金、遺屬撫恤 金、養老金、退休金				
Interest, dividends, rents, royalties, income from estates, trusts, alimony, child support, assistance from outside the household, and other miscellaneous sources 利息、股息、 租金、版稅、房地產收入、信託、贍養費、兒童撫養費、家 庭以外的援助和其他雜項來源				
TOTAL INCOME				
總收入				\$

Note: Copies of tax returns, pay stubs, or other information verifying income may be required before a discount is approved. 注意：稅表、工資單或其他收入來源的副本必須要在申請折扣優惠前提供。

I certify that the family size and income information shown above are correct.

我在此證明以上家庭收入和人數全是屬實。

Signature of Patient or Legal Representative*
會員或合法代表簽名

Date
日期

Name of Legal Representative
合法代表姓名

Relationship of Legal Representative
合法代表與會員的關係

Signature of Witness (Required if patient is unable to sign)
見證人簽名 (會員無法自行簽字時此項必填)

Date
日期

North East Medical Services (NEMS) complies with applicable Federal civil rights laws and does not differentiate, exclude, or discriminate against any individual on the basis of race, color, creed, religion (e.g., religious dress and grooming practices), age (e.g., those over 40), sex/gender (e.g., sex characteristics, intersex traits, pregnancy, childbirth, breastfeeding and/or related medical conditions), gender identity, gender expression, sexual orientation, sex stereotypes, marital status, medical condition (e.g., genetic characteristics, cancer or a record or history of cancer), military or veteran status, national origin (e.g., limited English proficiency, language use and possession of a driver's license issued to persons unable to prove their presence in the United States is authorized under federal law), ancestry, disability (e.g., mental and physical, including HIV/AIDS, cancer, and genetic characteristics), genetic information, retaliation for reporting patient abuse in tax-supported institutions, enrollment in a Health Benefit Plan, state of health, need for health services, status as a litigant, status of a Medicare or Medicaid beneficiary, source of payment for care, or any other basis prohibited by law.

NEMS:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (e.g., large print, audio, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact NEMS Member Services Department at 415-391-9686 ext. 8160.

How to file a grievance with NEMS

If you believe that NEMS has failed to provide these services or discriminated in another way based on any of the characteristics listed above, you can file a grievance with NEMS Member Services. If you need help filing a grievance, NEMS Member Services Department is available to help you.

- **By phone:** Call 415-391-9686 ext. 8160
- **By mail:** Call us at 415-391-9686 ext. 8160 and ask to have a form sent to you.
- **In Person:** Visit the NEMS Member Services Department.

You may also contact the NEMS Civil Rights Coordinator

Attn: NEMS Section 1557 Coordinator
North East Medical Services
1520 Stockton Street
San Francisco, CA 94133
NEMSSection1557@nems.org

How to file a grievance with U.S. Department of Health and Human Services, Office of Civil Rights

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights

- **By phone:** Call 1-800-368-1019 (TTY 711 or 1-800-537-7697)
- **By mail:** Fill out a complaint form or send a letter to:
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
Complaint forms are available at:
<http://www.hhs.gov/ocr/office/file/index.html>
- **Online:** Visit the Office of Civil Rights Complaint Portal at:
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

This notice is available at: nems.org

Spanish ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 415-391-9686 ext. 8160 (TTY: 1-800-735-2929) o hable con su proveedor.

Chinese 注意: 如果您說中文，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 415-391-9686 ext. 8160 (TTY: 1-800-735-2929) 或與您的提供者討論。

Vietnamese LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 415-391-9686 ext. 8160 (Người khuyết tật: 1-800-735-2929) hoặc trao đổi với người cung cấp dịch vụ của bạn."

Korean 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 415-391-9686 ext. 8160 (TTY: 1-800-735-2929)번으로 전화하거나 서비스 제공업체에 문의하십시오."

Persian توجه: کمک رایگان خدمات، کنیومی صحبت فارسی زبان به اگر ارائه برای مناسب کمکی خدمات و ها کمک همچنین، شماست دسترس در زبانی با است دسترس در رایگان صورت به دسترس قابل های قالب در اطلاعات تماس (415-391-9686 داخلی 8160 (TTY: 1-800-735-2929) کتید صحبت خود دهندارانه با یا بگیرید.

Japanese 注: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。415-391-9686 ext. 8160 (TTY: 1-800-735-2929)までお電話ください。または、ご利用の事業者にご相談ください。

Armenian ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե խոսում եք հայերեն, Դուք կարող եք օգտվել լեզվական աջակցության անվճար ծառայություններից: Մատչելի ձևաչափերով տեղեկատվություն տրամադրելու համապատասխան օժանդակ միջոցներն ու ծառայությունները Նույնպես տրամադրվում են անվճար: Չանգահարեք 415-391-9686 ext. 8160 հեռախոսահամարով (TTY` 1-800-735-2929) կամ խոսեք Ձեր մատակարարի հետ:

Arabic تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجاناً. اتصل على الرقم 415-391-9686 ext. 8160 (1-800-735-2929) أو تحدث إلى مقدم الخدمة."

Thai หมายเหตุ: หากคุณใช้ภาษาไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 415-391-9686 ext. 8160 (TTY: 1-800-735-2929) หรือปรึกษาผู้ให้บริการของคุณ"

Tagalog PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga librang serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyong upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 415-391-9686 ext. 8160 (TTY: 1-800-735-2929) o makipag-usap sa iyong provider.

Punjabi ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹੁੰਦੀਆਂ ਹਨ। ਪਹੁੰਚਯੋਗ ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਜਾਣਕਾਰੀ ਪ੍ਰਦਾਨ ਕਰਨ ਲਈ ਮੁਫਤ ਪੂਰਕ ਸਹਾਇਕ ਸਾਧਨ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਮੁਫਤ ਵਿੱਚ ਉਪਲਬਧ ਹੁੰਦੀਆਂ ਹਨ। 415-391-9686 ext. 8160 (TTY: 1-800-735-2929) 'ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ ਆਪਣੇ ਪ੍ਰਦਾਤਾ ਨਾਲ ਗੱਲ ਕਰੋ।"

Hindi ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 415-391-9686 ext. 8160 (TTY: 1-800-735-2929) पर कॉल करें या अपने प्रदाता से बात करें।"

Hmong LUS CEEV TSHWJ XEEB: Yog hais tias koj hais Lus Hmoob muaj cov kev pab cuam txhais lus pub dawb rau koj. Cov kev pab thiab cov kev pab cuam ntxiv uas tsim nyog txhawm rau muab lus qhia paub ua cov hom ntaub ntawv uas tuaj yeem nkaug cuag tau rau los kuj yeej tseem muaj pab dawb tsis xam tus nqi dab tsi ib yam nkaus. Hu rau 415-391-9686 ext. 8160 (TTY: 1-800-735-2929) los sis sib tham nrog koj tus kws muab kev saib xyuas kho mob."

Khmer សូមកម្មិត្តទុកដាក់: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាកម្មជំនួយភាសាភាគតិចភ្នែកគឺមានសម្រាប់អ្នក។ ជំនួយនិងសេវាកម្មដែលជាការជួយដ៏សមរម្យ ក្នុងការផ្តល់ព័ត៌មានតាមទម្រង់ដែលអាចចូលប្រើប្រាស់បាន ក៏អាចរកបានដោយឥតគិតថ្លៃផងដែរ។ ហៅទូរសព្ទទៅ 415-391-9686 ext. 8160 (TTY: 1-800-735-2929) ឬនិយាយទៅកាន់អ្នកផ្តល់សេវារបស់អ្នក។"

Russian ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 415-391-9686 ext. 8160 (TTY: 1-800-735-2929) или обратитесь к своему поставщику услуг.