



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檢查一次。



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。



Sliding Fee Discount Application
減費優惠計劃申請表

Name 姓名			MRN 東北會員號碼	
Address 地址	City 城市	State 州	ZIP 郵政號碼	Phone 電話號碼

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 歲以下的受撫養的家屬或子女

Name 姓名	Date of Birth 出生日期	Name 姓名	Date of Birth 出生日期
Self		Dependent 受撫養的家屬或子女	
Spouse/Domestic Partner 配偶 / 同居伴侶		Dependent 受撫養的家屬或子女	
Dependent 受撫養的家屬或子女		Dependent 受撫養的家屬或子女	
Dependent 受撫養的家屬或子女		Dependent 受撫養的家屬或子女	
Dependent 受撫養的家屬或子女		Total Household Members 家庭成員總數 _____	

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。

Applicant Signature 申請人簽名	Date 日期
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Office Use Only 工作人員專用:

Staff Name(Print): _____	Staff Signature: _____
Pay Class Assigned: _____	Expiration Date: _____
Check Box if assigned temporary sliding scale: <input type="checkbox"/>	