

Southern Primary Care

Sliding Fee Discount Application

Southern Primary Care is able to offer a discount on certain services based on a household's income and size. Sliding fee calculations use the applicant's total household annual income and the most recent Federal Poverty Guidelines (table on the next page) to determine eligibility.

To qualify, you must show proof of income for all family members or individuals living in your household, or for whom you are financially responsible. If you have no source of income, please provide a brief written statement explaining how you provide basic life essentials, food and shelter.

Documents to Include (if applicable)

- ☐ Previous year's Federal Tax Return, W-2s or 1099s (income is taken from the total income line)
- ☐ Public assistance award letters for each adult 18 and over in the household
- ☐ Most recent pay stubs spanning four weeks
- ☐ Unemployment compensation
- ☐ Social Security or pension income
- ☐ Written statement if you have no income

Applicant Information

FULL NAME		DATE OF BIRTH
PHONE		EMAIL
STREET ADDRESS		
CITY	STATE	ZIP
HOUSEHOLD SIZE	TOTAL ANNUAL HOUSEHOLD INCOME	TOTAL MONTHLY HOUSEHOLD INCOME

Household Members

NAME	RELATIONSHIP	DATE OF BIRTH	INCOME SOURCE	MONTHLY INCOME

Certification

I certify that the information provided is true and complete to the best of my knowledge. I understand the discount is assessed once per year, that I must reapply with updated income documentation, and that I may be responsible for payment of some procedures, labs and medications. Some services are excluded (see the next page).

APPLICANT SIGNATURE	DATE
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Return the completed application and income documentation within 21 days to any SPC location, or mail to: Southern Primary Care, Attn: Billing Department, 197 Bass Rd, Macon, GA 31210. Questions? Call (478) 477-0966.

OFFICE USE ONLY Received ____/____/____ Household size ____ Annual income \$____ Category ☐ 0
☐ 1 ☐ 2 ☐ 3 Approved by _____ Expires ____/____/____

Southern Primary Care

DISCOUNTED SERVICE Sliding Fee Scale

Based on the 2023 Federal Poverty Guidelines. Find your family size, then the column your annual or monthly household income falls in. The patient fee for that category is shown at the top of the column.

2023 GUIDELINES

FAMILY SIZE	INCOME	CATEGORY 0 Up to 100% PATIENT FEE: \$45	CATEGORY 1 100.01% – 149.99% PATIENT FEE: \$65	CATEGORY 2 150.00% – 174.99% PATIENT FEE: \$85	CATEGORY 3 175.00% – 199.99% PATIENT FEE: 100%
1	Annual	\$0 – \$14,580	\$14,581 – \$21,869	\$21,870 – \$25,514	\$25,515 – \$29,160
	Monthly	\$0 – \$1,215	\$1,216 – \$1,822	\$1,823 – \$2,126	\$2,127 – \$2,430
2	Annual	\$0 – \$19,720	\$19,721 – \$29,579	\$29,580 – \$34,509	\$34,510 – \$39,440
	Monthly	\$0 – \$1,643	\$1,644 – \$2,464	\$2,465 – \$2,875	\$2,876 – \$3,286
3	Annual	\$0 – \$24,860	\$24,861 – \$37,289	\$37,290 – \$43,504	\$43,505 – \$49,720
	Monthly	\$0 – \$2,072	\$2,073 – \$3,108	\$3,109 – \$3,626	\$3,627 – \$4,144
4	Annual	\$0 – \$30,000	\$30,001 – \$44,999	\$45,000 – \$52,499	\$52,500 – \$60,000
	Monthly	\$0 – \$2,500	\$2,501 – \$3,750	\$3,751 – \$4,375	\$4,376 – \$5,000
5	Annual	\$0 – \$35,140	\$35,141 – \$52,709	\$52,710 – \$61,494	\$61,495 – \$70,280
	Monthly	\$0 – \$2,928	\$2,929 – \$4,392	\$4,393 – \$5,124	\$5,125 – \$5,856
6	Annual	\$0 – \$40,280	\$40,281 – \$60,419	\$60,420 – \$70,489	\$70,490 – \$80,560
	Monthly	\$0 – \$3,357	\$3,358 – \$5,035	\$5,036 – \$5,874	\$5,875 – \$6,714
7	Annual	\$0 – \$45,420	\$45,421 – \$68,129	\$68,130 – \$79,484	\$79,485 – \$90,840
	Monthly	\$0 – \$3,785	\$3,786 – \$5,677	\$5,678 – \$6,623	\$6,624 – \$7,570
8	Annual	\$0 – \$50,560	\$50,561 – \$75,839	\$75,840 – \$88,479	\$88,480 – \$101,120
	Monthly	\$0 – \$4,213	\$4,214 – \$6,319	\$6,320 – \$7,372	\$7,373 – \$8,426
Each additional family member	Annual	+ \$5,140	+ \$5,140	+ \$7,710	+ \$8,995
	Monthly	+ \$428	+ \$428	+ \$642	+ \$750

Exclusions

The following are billed at 100% of the actual charge based on the SPC fee schedule:

- Some in-office surgeries/procedures
- Certain injectables
- Off-site services, such as hospital, hospital services, and nursing homes

Please Note

You may be responsible for the payment of some procedures, labs and medications. Your household discount is assessed once per year; reapply with updated income documentation at that time.

Questions? Contact the SPC Billing Department at (478) 477-0966.