



Sliding Fee Discount Application

Primary Health Network, a Federally Qualified Health Center, offers income-based discounts on select services. Eligibility is determined by assessing your total household annual income in accordance with Federal Poverty Guidelines (see reverse side for the table).

To qualify for the sliding fee, please provide proof of income for all household members or those under your financial care. If you lack income, complete the self-attestation section. For Social Security Benefits, specify accordingly.

Applicants should provide a copy of the following documents, if applicable:

- Previous year's Federal Tax Return, W-2's, or 1099's (preferred method of verification)
- Social Security or Pension Income
- Most recent pay stubs spanning four weeks
- Unemployment compensation

Return the completed application(s) and income documentation to any PHN location or by either mail or email:
Primary Health Network, Attn: Billing Department, P.O. Box 716, Sharon, PA 16146 | billing@primary-health.net
 If you have any questions, please contact the PHN Billing Department by calling 1-888-274-2043, or email billing@primary-health.net

Name: _____ Date of Birth: _____

Address: _____

Phone: _____

Household Size (number of individuals that you financially support) : _____

Annual Household Income: _____

List name(s) and date(s) of birth of family members/individuals for whom you are financially responsible:

Household Member Name	Date of Birth	Relationship to Applicant	Patient ID (Internal Use Only)

If you have no sources of income, please explain how you provide for basic life essentials, food, and shelter.

DISCLAIMER: I hereby certify that the above information is, to the best of my knowledge, true and correct.

Signature _____
Date

FOR INTERNAL USE ONLY

Household Income: _____

Date Received: _____

Patient is eligible for sliding fee discount category: _____

Proof of income verified

Proof of income not received

Reviewed by Date

Approved by Date

Sliding Fee Scale

Based on Federal Register 2026 Poverty Guidelines

Family Size	Income Measure	Category 0	Category 1	Category 2	Category 3	Category 4
% of Federal Poverty Income Level		Up to 100%	100.01%-149.99%	150.00%-174.99%	175.00%-199.99%	200.00%+
		Service Fee: \$0.00	Service Fee: \$10.00	Service Fee: \$20.00	Service Fee: \$30.00	Service Fee: 100%
1	Annual Monthly	\$0 - \$15,960 \$0 - \$1,330	\$15,961 - \$23,939 \$1,331 - \$1,994	\$23,940 - \$27,939 \$1,995 - \$2,327	\$27,930 - \$31,919 \$2,328 - \$2,660	\$31,920 + \$2,661+
2	Annual Monthly	\$0 - \$21,640 \$0 - \$1,803	\$21,641 - \$32,459 \$1,804 - \$2,704	\$32,460 - \$37,869 \$2,705 - \$3,154	\$37,870 - \$43,279 \$3,155 - \$3,606	\$43,280 + \$3,607 +
3	Annual Monthly	\$0 - \$27,320 \$0 - \$2,277	\$27,321 - \$40,979 \$2,278 - \$3,415	\$40,980 - \$47,809 \$3,416 - \$3,985	\$47,810 - \$54,639 \$3,986 - \$4,554	\$54,640 + \$4,555 +
4	Annual Monthly	\$0 - \$33,000 \$0 - \$2,750	\$33,001 - \$49,499 \$2,751 - \$4,124	\$49,500 - \$57,749 \$4,125 - \$4,811	\$57,750 - \$65,999 \$4,812 - \$5,500	\$66,000 + \$5,501 +
5	Annual Monthly	\$0 - \$38,680 \$0 - \$3,223	\$38,681 - \$58,019 \$3,224 - \$4,834	\$58,020 - \$67,689 \$4,835 - \$5,639	\$67,690 - \$77,359 \$5,640 - \$6,446	\$77,360 + \$6,447 +
6	Annual Monthly	\$0 - \$44,360 \$0 - \$3,697	\$44,361 - \$66,539 \$3,698 - \$5,545	\$66,540 - \$77,629 \$5,546 - \$6,470	\$77,630 - \$88,719 \$6,471 - \$7,394	\$88,720 + \$7,395 +
7	Annual Monthly	\$0 - \$50,040 \$0 - \$4,170	\$50,041 - \$75,059 \$4,171 - \$6,254	\$75,060 - \$87,569 \$6,255 - \$7,296	\$87,570 - \$100,079 \$7,297 - \$8,340	\$100,080 + \$8,341 +
8	Annual Monthly	\$0 - \$55,720 \$0 - \$4,643	\$55,721 - \$83,579 \$4,644 - \$6,964	\$83,580 - \$97,509 \$6,965 - \$8,125	\$97,510 - \$111,439 \$8,126 - \$9,286	\$111,440 + \$9,287 +
Each additional family member		+ \$5,680 A + \$473 M	+ \$5,680A + \$473 M	+ \$8,520 A + \$710 M	+ \$9,940 A + \$828 M	+ \$11,360 A + \$947 M

EXCLUSIONS - CATEGORY 0-3

DENTAL

The following dental services will be discounted according to PHN's fee schedule, with the discount percentages in the right-hand column:

- Dentures
- Crowns
- Oral Surgery
- Other Cosmetic Dental Procedures

DISCOUNT CATEGORIES:

- Category 0: 60% Discount
- Category 1: 50% Discount
- Category 2: 40% Discount
- Category 3: 30% Discount

NOTE: A deposit may be collected on certain dental exclusions.

The discount you receive will depend on your eligibility and category.