



RiverStone Health Clinics Income Level Attestation

See if you qualify for a discount in your healthcare fees!

****You may qualify for discounted services even if you have Insurance, the discount would be applied to insurance co-pays and deductibles****

Directions:

- 1) Find your family size in the left column; follow that row to your total annual family income.
- 2) Circle the number at the top of that column (**1**, **2**, **3** or **4**)
- 3) A Patient Access Specialist will let you know if you qualify for a discount.

Family Size	1			2			3			4	
	From	To		From	To		From	To		From	To
1	\$0	\$14,580		\$14,581	\$21,870		\$21,871	\$29,160		\$29,161	& Over
2	\$0	\$19,720		\$19,721	\$29,580		\$29,581	\$39,440		\$39,441	& Over
3	\$0	\$24,860		\$24,861	\$37,290		\$37,291	\$49,720		\$49,721	& Over
4	\$0	\$30,000		\$30,001	\$45,000		\$45,001	\$60,000		\$60,001	& Over
5	\$0	\$35,140		\$35,141	\$52,710		\$52,711	\$70,280		\$70,281	& Over
6	\$0	\$40,280		\$40,281	\$60,420		\$60,421	\$80,560		\$80,561	& Over
7	\$0	\$45,420		\$45,421	\$68,130		\$68,131	\$90,840		\$90,841	& Over
8	\$0	\$50,560		\$50,561	\$75,840		\$75,841	\$101,120		\$101,121	& Over

☐ I am **declining** your request for income details. By declining to provide income details, I am also declining the option to apply for RiverStone Health Clinic's medical/dental sliding fee scale program. I am accepting financial responsibility for the entire bill, including any fees that are **not** covered by my insurance plan and I agree to pay any balance in full.

Updated for Fiscal Year 2023-2024

ANNUAL INCOME



RiverStone Health Clinics Income Level Attestation

See if you qualify for a discount in your healthcare fees!

****You may qualify for discounted services even if you have Insurance, the discount would be applied to insurance co-pays and deductibles****

Directions:

- 1) Find your family size in the left column; follow that row to your amount of total monthly family income.
- 2) Circle the number at the top of that column (**1**, **2**, **3** or **4**)
- 3) A Patient Access Specialist will let you know if you qualify for a discount.

Family Size	1			2			3			4	
	From	To		From	To		From	To		From	To
1	\$0	\$1,215		\$1,216	\$1,823		\$1,824	\$2,430		\$2,431	& Over
2	\$0	\$1,643		\$1,644	\$2,465		\$2,466	\$3,287		\$3,288	& Over
3	\$0	\$2,072		\$2,073	\$3,108		\$3,109	\$4,143		\$4,144	& Over
4	\$0	\$2,500		\$2,501	\$3,750		\$3,751	\$5,000		\$5,001	& Over
5	\$0	\$2,928		\$2,929	\$4,393		\$4,394	\$5,857		\$5,858	& Over
6	\$0	\$3,357		\$3,358	\$5,035		\$5,036	\$6,713		\$6,714	& Over
7	\$0	\$3,785		\$3,786	\$5,678		\$5,679	\$7,570		\$7,571	& Over
8	\$0	\$4,213		\$4,214	\$6,320		\$6,321	\$8,427		\$8,428	& Over

☐ I am **declining** your request for income details. By declining to provide income details, I am also declining the option to apply for RiverStone Health Clinic's medical/dental sliding fee scale program. I am accepting financial responsibility for the entire bill, including any fees that are **not** covered by my insurance plan and I agree to pay any balance in full.

Updated for Fiscal Year 2023-2024

MONTHLY INCOME