



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	\$15,060	\$15,061	\$22,590	\$22,591	\$30,120	\$30,121	& Over
2	\$0	\$20,440	\$20,441	\$30,660	\$30,661	\$40,880	\$40,881	& Over
3	\$0	\$25,820	\$25,821	\$38,730	\$38,731	\$51,640	\$51,641	& Over
4	\$0	\$31,200	\$31,201	\$46,800	\$46,801	\$62,400	\$62,401	& Over
5	\$0	\$36,580	\$36,581	\$54,870	\$54,871	\$73,160	\$73,161	& Over
6	\$0	\$41,960	\$41,961	\$62,940	\$62,941	\$83,920	\$83,921	& Over
7	\$0	\$47,340	\$47,341	\$71,010	\$71,011	\$94,680	\$94,681	& Over
8	\$0	\$52,720	\$5,1721	\$79,080	\$79,081	\$105,440	\$105,441	& 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 calendar year 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	\$1,255	\$1,256	\$1,883	\$1,884	\$2,510	\$2,511	& Over
2	\$0	\$1,703	\$1,704	\$2,555	\$2,556	\$3,407	\$3,408	& Over
3	\$0	\$2,152	\$2,153	\$3,228	\$3,229	\$4,303	\$4,303	& Over
4	\$0	\$2,600	\$2,601	\$3,900	\$3,901	\$5,200	\$5,200	& Over
5	\$0	\$3,048	\$3,049	\$4,573	\$4,574	\$6,097	\$6,098	& Over
6	\$0	\$3,497	\$3,498	\$5,245	\$5,246	\$6,993	\$6,994	& Over
7	\$0	\$3,945	\$3,946	\$5,918	\$5,919	\$7,890	\$7,891	& Over
8	\$0	\$4,393	\$4,394	\$6,590	\$6,591	\$8,787	\$8,788	& 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 calendar year 2024

MONTHLY INCOME