



## 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	\$15,650	\$15,651	\$23,475	\$23,476	\$31,300	\$31,301	& Over
2	\$0	\$21,150	\$21,151	\$31,725	\$31,726	\$42,300	\$42,301	& Over
3	\$0	\$26,650	\$26,651	\$39,975	\$39,976	\$53,300	\$53,301	& Over
4	\$0	\$32,150	\$32,151	\$48,225	\$48,226	\$64,300	\$64,301	& Over
5	\$0	\$37,650	\$37,651	\$56,475	\$56,476	\$75,300	\$75,301	& Over
6	\$0	\$43,150	\$43,151	\$64,725	\$64,726	\$86,300	\$86,301	& Over
7	\$0	\$48,650	\$48,651	\$72,975	\$72,976	\$97,300	\$97,301	& Over
8	\$0	\$54,150	\$54,151	\$81,225	\$81,226	\$108,300	\$108,301	& 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 2025

**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	\$1,304	\$1,305	\$1,956	\$1,957	\$2,608	\$2,609	& Over
2	\$0	\$1,763	\$1,764	\$2,644	\$2,645	\$3,525	\$3,526	& Over
3	\$0	\$2,221	\$2,222	\$3,331	\$3,332	\$4,442	\$4,443	& Over
4	\$0	\$2,679	\$2,680	\$4,019	\$4,020	\$5,358	\$5,359	& Over
5	\$0	\$3,138	\$3,139	\$4,706	\$4,707	\$6,275	\$6,276	& Over
6	\$0	\$3,596	\$3,597	\$5,394	\$5,395	\$7,192	\$7,193	& Over
7	\$0	\$4,054	\$4,055	\$6,081	\$6,082	\$8,108	\$8,109	& Over
8	\$0	\$4,513	\$4,514	\$6,769	\$6,770	\$9,025	\$9,026	& 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 2025

**MONTHLY INCOME**