REPRODUCTIVE HEALTH
Sliding Discount Fee Schedule Information & Enrollment

What is the Sliding Discount Scale Fee Schedule?

The Sliding Discount Scale Fee Schedule (SDS) is part of a federal program, supported by funding from Title X and the Oregon Contraceptive Care (CCare) Program, that allows Aviva Health to discount normal charges for medical visits for our qualifying patients based on household size and patient's income (see chart).

HOUSEHOLD SIZE	Sliding Discount Scale MONTHLY INCOME LEVEL (UPDATED AS OF February 1, 2025)					Private Pay
1	Up to: $1,304	Up to: $1,956	Up to: $2,608	Up to: $3,260		Over: $3,261
2	$1,763	$2,644	$3,525	$4,406		$4,407
3	$2,221	$3,331	$4,442	$5,552		$5,553
4	$2,679	$4,019	$5,358	$6,698		$6,699
5	$3,138	$4,706	$6,275	$7,844		$7,845
6	$3,596	$5,394	$7,192	$8,990		$8,991
7	$4,054	$6,081	$8,108	$10,135		$10,136
8	$4,513	$6,769	$9,025	$11,281		$11,282
Sliding Scale	A = $0.00	B = $40	C = $70	D = $90		*Full Fee*

The Sliding Discount Fee is available to all patients. If you have insurance coverage, Aviva Health is required by the Reproductive Health program to bill your insurance for your medical visit charges (unless you indicate a need for special confidentiality). You may submit an enrollment form for the Sliding Discount Scale Fee to apply to the patient responsibility portion of the charges.

Depending on household size and patient's income, patients are assigned a discount tier of 0%, 20%, 40%, 70% or 100% of the fees normally charged for a medical visit. The discounted fee charged for each tier is shown below:

Discount Tier	A (100%)	B (70%)	C (40%)	D (20%)	F (Private Pay=overqualified for slide)
Discount Fee	$0.00	$40.00	$70.00	$90.00	$100.00 if Paid at Time of Service*

***IF NOT PAID AT TIME OF SERVICE, REGULAR VISIT CHARGES WILL APPLY**

Patients that qualify for the discounted fees are responsible only for the fee as listed in their respective tier and are expected to pay the discounted fee at the time of service unless other arrangements have been made.

How do I know if I qualify for the Sliding Discount Scale Fee?

By federal law, qualification for the Sliding Discount Scale is based on two factors, household size and income. In order to determine whether you will qualify for a discounted fee, follow the directions below:

1. **Find the row on the attached chart that lists the number of individuals in your household.** This number should include yourself, your spouse/partner, and children - If you are providing *more than 50% financial support for other related individuals who reside full-time in your household* you may count them as well (grandchildren, grandparents, nieces/nephews, aunts/uncles, etc.)

2. **Next, find your gross income range (before taxes) on the attached chart, either by month, week, or annual basis.**

   The column that matches the number of qualifying household individuals and your gross income will show the discount for which you qualify and the fee charged for that discount category at the bottom of the column.

How often do I have to re-apply to continue receiving the Sliding Discount Scale Fee?

Once approved by Aviva Health, your SDS eligibility is good for one year from the date of enrollment. Information must be updated if your household size or your income changes. At a minimum, a new enrollment form must be completed every 12 months in order to continue receiving the discounted Fee.

Please note, proof of income is not required to receive Title X services.

How do I sign up for the Sliding Discount Fee?

1. First, complete the Sliding Discount Scale Fee enrollment form included with this informational packet. Instructions are included on the form, and please feel free to ask a receptionist if you have any questions regarding this form.

2. Submit your enrollment form to the receptionist at Aviva Health or mail to:

   Aviva Health
   Attn: Patient Accounting
   150 Kenneth Ford Drive
   Roseburg, OR 97470

Sliding Discount Fee Schedule Enrollment Form

It is the policy of Aviva Health to provide patient-centered primary care regardless of the patient's ability to pay. Discounts are offered based upon patient's income and the number of persons living in the household. A sliding fee schedule is used to calculate the basic discount and is updated each year using federal poverty guidelines. Once enrolled, the discount will be honored for one year from the date of enrollment, after which the patient must re-enroll.

A completed enrollment form must be on file before a discount will be applied. If the patient is eligible for other assistance programs, such as the Oregon Health Plan, Aviva staff is available to assist the patient with applying for these in addition to the Sliding Discount Fee Schedule offered by Aviva Health.

Please complete the following information:

a. **Patient Information**

Patient Name:	Last	First	MI
Address:	Street	City	State / Zip Code
Date of Birth:	Primary Care Physician (PCP)		

II. Guarantor Information

Name:	Last	First	MI
Address:	Street	City	State / Zip Code
Telephone Number:	Home/Cell / Work	Date of Birth	

III. Household Size Information – List all Individuals in the household *

1.Name/Relationship	***Date/Birth***	***Age***	***4.Name/Relationship***	***Date/Birth***	***Age***
2.Name/Relationship	***Date/Birth***	***Age***	***5.Name/Relationship***	***Date/Birth***	***Age***
3.Name/Relationship	***Date/Birth***	***Age***	***6.Name/Relationship***	***Date/Birth***	***Age***

**** Please attach a separate sheet with additional dependents if you need more room***

(For Office Use Only) Sliding discount rate: A B C D F Z

Self-Declared_____ Applied for OHP Y N Date_____

Enrollment date:_____Expiration Date:_____

Total Mo. Income:_____# of Household Members_____

Staff member completing form:_____Date:

IV. Earnings Information – Please indicate patient's income. Income includes gross (pre-tax) wages, tips, unemployment compensation, etc.

Patient Name	D/Birth	Age	Source of Income or Employer Name	Monthly Gross Income
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Total Monthly Income $_____

VI. Additional Information

Are you currently receiving Food Stamps (SNAP)? YES NO

Are you currently receiving TANF? YES NO

If you checked yes to one of the above boxes and wish to qualify for the 20% discount only, you must attach your letter of eligibility.

*Providing a current eligibility letter for SNAP or TANF will automatically qualify patient for the 20% Discount ($90 Fee). If patient is eligible for a greater discount based on income and household size, the greater discount will be applied.

To the best of my knowledge, the above information is accurate and complete. (Please sign, date, and print your name): _____

_____

This enrollment process was discussed with the patient by:

(Staff – please sign, date, and print your name) _____