


Sexual Health Clinic Sliding Fee Discount Program

The Galion City Health Department offers a Sliding Fee Discount Program for Sexual Health Clinic (SHC) services. The purpose of this program is to ensure that patients' out of pocket expenses are not a financial barrier to accessing Sexual Health Clinic services at Galion City Health Department (GCHD). The SHC Sliding Fee Discount Program is available to all SHC patients whose household income does not exceed 200% of the Federal Poverty Level (FPL). GCHD will base program eligibility on a person's ability to pay and will not discriminate on the basis of an individual's race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity. Sliding fee scale discounts apply to SHC services directly provided by GCHD (excluding vaccines & vaccine administration) and for all in-scope services, provided by agreement by non-GCHD providers/entities.

While all SHC patients are eligible for the Sliding Fee Discount Program, **ALL** alternative payment sources must be exhausted, including all third-party payment from insurance(s), federal, and state programs.

To apply for the program the patient/responsible party must complete a SHC Sliding Fee Discount Program Application and provide documentation if requested. Information and forms can be obtained from the front desk and/or provider/nurse.

Those with incomes at or below 100% of poverty will be charged a nominal fee of \$10. Those with incomes above 100% of poverty, but at or below 200% of poverty, will be charged according to the SHC Sliding Fee Schedule and the total will be rounded to the nearest whole dollar. The SHC Sliding Fee Schedule will be updated during the first quarter of every calendar year with the latest Federal Poverty Guidelines.

 2020 Annual Income Amounts for Sliding Fee Discount Category Breakdowns						
Poverty Level	<= 100%	101-125%	126-150%	151-175%	176-200%	>200%
Pay Amount	Nominal Fee (\$10)	Pay 20%	Pay 40%	Pay 60%	Pay 80%	Pay 100%
Family Size						
1	\$0 - \$12,760	\$12,761 - \$15,950	\$15,951 - \$19,140	\$19,141 - \$22,330	\$22,331 - \$25,520	\$25,521 +
2	\$0 - \$17,240	\$17,241 - \$21,550	\$21,551 - \$25,860	\$25,861 - \$30,170	\$30,171 - \$34,480	\$34,481 +
3	\$0 - \$21,720	\$21,721 - \$27,150	\$27,151 - \$32,580	\$32,581 - \$38,010	\$38,011 - \$43,440	\$43,441 +
4	\$0 - \$26,200	\$26,201 - \$32,750	\$32,751 - \$39,300	\$39,301 - \$45,850	\$45,851 - \$52,400	\$52,401 +
5	\$0 - \$30,680	\$30,681 - \$38,350	\$38,351 - \$46,020	\$46,021 - \$53,690	\$53,691 - \$61,360	\$61,361 +
6	\$0 - \$35,160	\$35,161 - \$43,950	\$43,951 - \$52,740	\$52,741 - \$61,530	\$61,531 - \$70,320	\$70,321 +
7	\$0 - \$39,640	\$39,641 - \$49,550	\$49,551 - \$59,460	\$59,461 - \$69,370	\$69,371 - \$79,280	\$79,281 +
8	\$0 - \$44,120	\$44,121 - \$55,150	\$55,151 - \$66,180	\$66,181 - \$77,210	\$77,211 - \$88,240	\$88,241 +

For families/households with more than 8 persons, add \$4,480 for each additional person.