



Discounted/Sliding Fee Application

It is the policy of Saco River Medical Group to provide essential services with concern for the patient's ability to pay. Discounts are offered based upon family income and size. Please complete the following information and return to the front desk to determine if you or members of your family are eligible for a discount.

The discount will apply to all services received at this office, but not those services that are obtained from outside, including reference laboratory testing, drugs, x-ray interpretation by a consulting radiologist, and other such services. In the hope that your financial situation improves, discounts apply to current, not future services. This form must be completed annually. Please inquire at the front desk if you have questions.

Name: _____ Address: _____

Number of related persons living in your household: _____

Household Members: _____

Household Income (complete one column):

	Annual	Monthly	Bi-Weekly
Self			
Spouse			
Relatives			
Others			
Total			

Note: Include all income from all sources including gross wages, tips, social security, disability, pensions, annuities, veterans payments, net business or self employment, alimony, child support, military, unemployment, and public aid.

I certify that the family size and income information shown above is correct. Copies of your last tax return, and 2 recent pay stubs are required for each contributor to your household before a discount is approved.

Name (Print) _____

Signature _____

Date _____

Discount Application Process:

A completed application including required documentation of the home address, household income and insurance coverage must be on file and approved by the business office before a discount is granted. If the applicant appears to be eligible for Medicaid, a written denial of coverage by Medicaid may also be required. Please allow two weeks from the filing of this application for a determination by the business office of any discount.

Services Covered and Excluded:

Medical: The discount is applied to services provided by Saco River Medical Group only.
Lab & Imaging: The discount is applied to in-office laboratory and imaging services. Reference laboratory tests and consulting radiology interpretations are excluded.

Office Use Only

Patient Name: _____ Discount: _____ % off; Pay _____ %

Date of Service: _____ Approved By: _____



**Annual Income Threshold
2026 Federal Poverty Guidelines**

Your Responsibility	40% Pay, 60% Disc.	60% Pay, 40% Disc.	80% Pay, 20% Disc.
% of Poverty	150%	175%	200%
Family Size 1	\$23,940.	\$27,930	\$31,920
2	\$32,460	\$37,870	\$43,280
3	\$40,980	\$47,810	\$54,640
4	\$49,500	\$57,750	\$66,000
5	\$58,020	\$67,690	\$77,360
6	\$66,540	\$77,630	\$88,720
7	\$75,060	\$87,570	\$100,080
8	\$83,580	\$97,510	\$111,440

**Monthly Income Threshold
2026 Federal Poverty Guidelines**

Your Responsibility	40% Pay, 60% Disc.	60% Pay, 40% Disc.	80% Pay, 20% Disc.
% of Poverty	150%	175%	200%
Family Size 1	\$1,995	\$2,327.50	\$2,660
2	\$2,705	\$3,155.83	\$3,606.67
3	\$3,415	\$3,984.17	\$4,553.33
4	\$4,125	\$4,812.50	\$5,500
5	\$4,835	\$5,640.83	\$6,446.67
6	\$5,545	\$6,469.17	\$7,393.33
7	\$6,255	\$7,297.50	\$8,340
8	\$6,965	\$8,125.83	\$9,286.67