



310 E Broadway
Suite 100
Louisville, KY 40202
502-245-0002

SLIDING FEE DISCOUNT PROGRAM

The Have A Heart Clinic is a 501(c)(3) nonprofit health clinic that provides high quality cardiovascular care. All patients may apply for a sliding fee scale discount based on their family/household size and net income.

Are you **UNINSURED?**

- Is your income **below the 200% federal poverty level?** You are eligible to receive **FREE CARE.**
- Is your income **greater than the 200% federal poverty level?** You will only pay the Medicare allowable charge.

Are you **INSURED?**

- **We will bill your insurance.**
- Is your income **at or below the 200% federal poverty level?** You will **not pay copays, coinsurance, and/or deductibles.**

The 2019 Federal Poverty Level Chart is on the next page. Please read this chart to determine your income level. You may qualify for discounted or free services.

TO BE ELIGIBLE FOR FREE OR DISCOUNTED CHARGES, ALL PAGES OF THE FINANCIAL HARDSHIP APPLICATION MUST BE FILLED OUT.

If you have questions about the Medicare allowable charges, call our office at 502-245-0002.

ANNUAL 2019 POVERTY GUIDELINES FOR THE 48 CONTINENTAL UNITED STATES

Household/Family Size 200% of Poverty Level

1	\$24,980
2	\$33,820
3	\$42,660
4	\$51,500
5	\$60,340
6	\$69,180
7	\$78,020
8	\$86,860

MONTHLY 2019 POVERTY GUIDELINES FOR THE 48 CONTINENTAL UNITED STATES

Household/Family Size 200% of Poverty Level

1	\$2,082
2	\$2,818
3	\$3,555
4	\$4,292
5	\$5,028
6	\$5,765
7	\$6,502
8	\$7,238

Financial Discount Application

To be considered for a financial discount, you **must complete Have A Heart Clinic's Financial Hardship Application** and include income for all household members.

Proof of Income

Acceptable proof of income may include:

- Copy of last month's pay stub(s)
- If you are receiving unemployment, a copy of your unemployment verification
- Copy of your most recent federal tax return
- Copies of other documents to verify income, such as letters from the Social Security Administration or Disability Services
- *If you have no income, a letter that explains your means of living or a completed **Attestation of Income form** (included in the Financial Hardship Application)*

IF YOU DO NOT SUPPLY ADEQUATE PROOF OF INCOME OR YOU DO NOT QUALIFY BASED UPON THE PROOF OF INCOME PROVIDED, YOU WILL BE RESPONSIBLE FOR CHARGES.

You will be expected to pay your portion of the visit fee at the check-in for each visit.

Services We Provide:

Consultation
Follow-Up visits
Echocardiography
Stress echocardiography
ECG stress testing
Peripheral vascular testing
Carotid ultrasound
Abdominal aortic ultrasound
ECG
Lipid testing

We are here to serve you. We rely upon your honesty. ALL FORMS MUST BE FILLED OUT.

Thank you,
The Have A Heart Clinic