



**ENTERPRISE VALLEY MEDICAL CLINIC  
ELIGIBILITY AND SLIDING FEE 2026**

<b>Medical &amp; Dental Slide</b>	A-\$25	B-\$40	C-\$55	D-\$70	E-200%
<b>Mental Health Slide</b>	A-\$25	B-\$30	C-\$35	D-\$40	E-Max is \$45
<b>Each Lab over \$100</b>	A-\$25	B-\$30	C-\$35	D-\$40	E-200%
<b>Sports Physical Only!!</b>	A-\$25	B-\$30	C-\$35	D-\$40	E-Max is \$45
<b>Annual Income and Family Size</b>	0%-100% Poverty	101%-133% Poverty	134%-150% Poverty	151%-200% Poverty	Over 200% Poverty
1	\$15,960	\$21,227	\$23,940	\$31,920	Over \$31921
2	\$21,640	\$28,781	\$32,460	\$43,280	Over \$43281
3	\$27,320	\$36,336	\$40,980	\$54,640	Over \$54641
4	\$33,000	\$43,890	\$49,500	\$66,000	Over \$66001
5	\$38,680	\$51,444	\$58,020	\$77,360	Over \$77361
6	\$44,360	\$58,999	\$66,540	\$88,720	Over \$88721
7	\$50,040	\$66,553	\$75,060	\$100,080	Over \$100081
8	\$55,720	\$74,108	\$83,580	\$111,440	Over \$111441

For additional family members add \$5,500 per member

**Additional charges as follows:**

- Each lab over \$100 will be paid according to the Lab Slide. Payment will be required at the time of service.
- Durable Medical supplies do not qualify under the slide. Payment will be required at the time of service. (Ex: Knee Brace, Foot boot/brace etc.)
- Behavioral Health visits are according to the EVMC Mental Health Slide.
- Dental Vouchers will be according to EVMC Medical Slide.
- Sports Physical will be in accordance to EVMC Slide with a maximum fee of \$45.

**Initial indicating you have read and understand the information provided above.** Initial \_\_\_\_\_

List all members in the household that are supported with the income provided,

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**PAYMENT DUE AT TIME OF SERVICE**

I hereby certify that all the above information is true and accurate to the best of my knowledge. I understand that this information will be kept confidential and used only by EVMC for fee adjustment purposes.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
EVMC Representative

\_\_\_\_\_  
Date