Maple Street Clinic
109 E. Maple
Gillespie, IL 62033
217-839-1526 – Medical/Behavioral
217-839-4110 – Dental

Macoupin County Public Health Department

Morgan Street Clinic
1115 Morgan Street
Carlinville, IL 62626
217-854-3692 – Medical/Behavioral
217-854-3692 – Dental

2020 Sliding Fee Schedule – Behavioral & Recovery

Family Size	Level 1	Level 2	Level 3	Level 4	Level 5	Full Fee, No Discount
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
Minimum Due	$0 * Minimum Fee Due	$20 * Minimum Fee Due	$25 * Minimum Fee Due	$30 * Minimum Fee Due	$35 * Minimum Fee Due	**See Prompt Pay Policy

**For Families /Households with more than 8 persons, for each additional person add:

$ 4,480.00 to annual income or $ 373.33 to monthly income or $ 86.15 to weekly income

Definition of Family: One or more adults and children related by blood or law and residing in the same household. Where adults other than the spouse reside together each should be considered a separate family.

Definition of Income: Income is defined as earnings over a given period of time used to support an individual/household unit based on a set of criteria of inclusions and exclusions. Income is distinguished from assets, as assets are a fixed economic resource while income is comprised of earnings.

1. The Clinic uses the Federal Poverty Income level guidelines to determine the discount the patient will receive based on their income and family size.
2. If a patient wishes to be evaluated for the Clinic's sliding fee scale, they MUST bring information regarding their household income with them when they come to their initial appointment. Patient will be charged full fee until proof of income is provided.
3. To continue to qualify for sliding fees, the patient will need to provide income information once a year.

I_____acknowledge that Maple Street Clinic and Morgan Street Clinic's Sliding Fee Discount policy has been communicated to me. I understand that payment is due at time of service. I agree to accept the terms of the Maple Street and Morgan Street Clinic Sliding Fee Schedule and its policies.

_____ _____
Signature (Patient and/or Responsible Party) Date

Income has been verified and patient currently falls under Level_____.

_____ _____
MSC Staff Signature Date

**Prompt Pay Adjustment Policy - Patients above the 200% federal poverty level have the option to pay under the Prompt Pay Adjustment Policy, requiring a $50 same day of service payment. They receive a same day-of-service discounted adjustment.