

USM Health & Counseling Services Reduced Rate Fee Application for Uninsured Students

USM Health & Counseling Services (UHCS) is committed to treating all students in need of care regardless of their insurance status or financial circumstances. If you are uninsured or challenged with circumstances of significant financial hardship, you may qualify for discounts off our standard charges based on your gross annual income and the number of people living in your household. For example, if you have a family size of 3 and your gross annual income is less than \$40,303, you would be eligible for a 100% discount for that visit. This discount only applies to the services rendered by our providers on-site or via telehealth appointments. The following services are not included in this discount:

- Lab and other ancillary tests ordered by UHCS clinicians but performed by outside vendors
- Prescription costs
- Visits to subspecialists or other community providers following referral from a UHCS clinician
- Cost of medical supplies including vaccines, on-site medications, lab tests, braces, peak flow meters, etc.

Reduced Rate Fee Application -

To apply for a Reduced Rate Fee determination, please complete the form below:

Today's date: _____ Name: _____ DOB: _____

Check the box below that most accurately reflects your household size and gross annual income:

Household Size	Category A Income 100 – 175% of FPG (Federal Poverty Guideline)	For A, check correct box below ↓	Category B Income 176-250% of FPG (Federal Poverty Guideline)	For B, check correct box below ↓
1	\$0 - \$23,783		\$23,784 - \$33,975	
2	\$0 - \$32,043		\$32,044 - \$45,775	
3	\$0 - \$40,303		\$40,304 - \$57,575	
4	\$0 - \$48,563		\$48,564 - \$69,375	
5	\$0 – \$56,823		\$56,824 - \$81,175	
6	\$0 – \$65,083		\$65,084 - \$92,975	
7	\$0 – \$73,343		\$73,344 - \$104,755	
8	\$0 - \$81,603		\$81,604 - \$116,575	
9	\$0 - \$89,863		\$89,864 - \$128,375	
10	\$0 – \$98,123		\$98,124 - \$140,175	

I attest that I have read and fully understand the information above and verify that the box that I have checked is true and accurately represents my current household size and gross annual income. I understand that if my insurance status or financial circumstances change, I may no longer be eligible for this discount.

Signature

*Note: This information will be kept confidential and used solely for the purpose of Reduced Rate Fee determination.

- Students falling into Category A: 100% discount = \$0 fee for services rendered at UHCS.
- Students falling into Category B: 85% discount = 15% of standard fee charged for services rendered at UHCS.

