HOW WE DETERMINE FAMILY SIZE

Family size is defined as one person, or as a group of two (2) people or more (one of whom is head of household) related by birth, marriage or adoption and residing together. All such people (including related subfamily members) are considered as members of one family.

ADDITIONAL INFORMATION

- Those who qualify for the Sliding Fee Discount Program are expected to pay at the time of service. Refusal to pay the appropriate fee may result in the patient being terminated.

- The Sliding Fee Discount Program is available for both uninsured patients and patients whose third-party insurance does not fully cover all fees.

KernMedical
Outpatient Health

Primary Care Locations:

Columbus Clinic
1111 Columbus St, Bakersfield CA 93305
661-862-7370

Stockdale Clinic
9330 Stockdale Hwy Bakersfield CA 93311
661-664-2200

34th Street Clinic
820 34th Street Bakersfield CA 93301
661-862-7370

Questions?
Please call 661-326-2392 Option 3 to reach a Health Benefit Advisor

KernMedical
Outpatient Health

Sliding Fee Discount Program

ABOUT THE PROGRAM

Kern Medical Outpatient Health offers a Sliding Fee Scale Program. All patients are eligible to be enrolled in the program. This program allows qualifying patients to receive a discount for medical services.
Eligibility for the Sliding Fee Discount Program will be established by determining the family size and family income.

This information must be updated annually or when major changes to income have occurred.
Kern Medical Outpatient Health requires valid proof of income, family size, and completion of a Sliding Fee Program Application. If a patient chooses not to provide the required information, they will not receive the discounted rate offered through the Sliding Fee Discount Program.

VALID PROOF OF INCOME

Must provide valid proof of income for each household member with an income.

- A current paystub/paycheck
- A copy of your disability check
- A copy of your SSI check
- A current unemployment check or statement
- Employer income verification letter
- Recent Income Tax Form (IRS 1040)
- Public assistance letter (SSS benefits letter, bank statement)
- Letter of support signed by patient and individual providing room and board
- Signed self-declaration form, if unable to provide documentation or if patient has no income

IMPORTANT REMINDERS

- You must complete the application for the Sliding Fee Discount Program, provide proof of income(s), and sign the Sliding Fee Discount Program Agreement of Services, Fee and Nominal Fee form.
- Income and family size will be updated at the beginning of the calendar year and this information will expire at the end of the calendar year.
- You will have to complete a new application annually or whenever there is a major change in household income and/or household size.
- The program is offered to all patients. No patients will be denied care due to the inability to pay.