IMAN
Inner-City Muslim Action Network
HEALTH CLINIC

2744 W 63rd Street - Chicago, IL 60629 Phone: (773) 434-4626 Fax: (773) 303-8858
www.imancentral.org

IMAN Health Center provides services to all, regardless of their insurance status or ability to pay. Our Sliding Fee Discount program offers a discounted rate on services offered at our facility based on household income and size.

We offer the sliding-fee scale to all income eligible patients based on annual household income for our services. The sliding fee scale provides a flexible cost on certain services to individuals that qualify. Out-of-pocket fees for income-eligible sliding fee patients at or below 200% FPG will be the lesser of their insurance copayment or the sliding fee charge, unless precluded by insurance contract.

To qualify for a potential discount the patient must furnish proof of household income and family size. All members of a household who are combining financial resources including room and board and/or are supporting one another financially are counted as one household.

If employed – Please provide one of the following

- Recent Federal Tax Return
- IRS form W-2 or 1099
- Most recent check stubs for a complete month
- Letter from employer on company's letterhead

If unemployed – Please provide one of the following

- Proof of unemployment benefits
- Award Letter from SSI/SSD benefits
- Letter of Support from family member

IMAN Health Center accepts Medicare and Medicaid insurance plans

NO ONE will be denied access to services at **IMAN Health Center**; services are offered regardless of insurance status or ability to pay

IMAN
Medical and Behavioral Health Sliding Fee Scale
2022 Federal Poverty Guidelines

Category	A - $25	B - $30	C – $35	D - $40	E - $45	Full Fee
Poverty Level	Up to 100%	Up to 125%	Up to 150%	Up to 175%	Up to 200%	>200%
1	$13,590	$16,988	$20,385	$23,783	$27,180	$27,181
2	$18,310	$22,888	$27,465	$32,043	$36,620	$36,621
3	$23,030	$28,788	$34,545	$40,303	$46,060	$46,061
4	$27,750	$34,688	$41,625	$48,563	$55,500	$55,501
5	$32,470	$40,588	$48,705	$56,823	$64,940	$64,941
6	$37,190	$46,488	$55,785	$65,083	$74,380	$74,381
7	$41,910	$52,388	$62,865	$73,343	$83,820	$83,821
8	$46,630	$58,288	$69,945	$81,603	$93,260	$93,261
9	$51,350	$64,188	$77,025	$89,863	$102,700	$102,701
10	$56,070	$70,088	$84,105	$98,123	$112,140	$112,141

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Clínica de Salud IMAN proporciona servicios a todos, sin importar la habilidad poder pagar. Nuestro programa de escala de tarifas ajustable ofrece un descuento en los servicios ofrecidos en nuestras instalaciones con base en los ingresos y tamaño del hogar.

Ofrecemos para nuestros servicios la escala de tarifas ajustables de pagos a todos los pacientes elegibles con seguro ó sin seguro, basado en los ingresos familiares anuales. La escala de tarifas ajustable ofrece costos flexibles en ciertos servicios a las personas que reúnen los requisitos. Para la posibilidad de calificar para un descuento, el paciente debe presentar la prueba del ingreso del hogar y tamaño de la familia

Si está trabajando - Proporcione una de las siguientes documentos

- Reciente declaración de impuestos federales
- Formulario IRS W-2 o 1099
- Talones de cheque más reciente de un mes completo
- Carta del empleador en papel con membrete de la empresa

Si no está trabajando - Proporcione una de las siguientes documentos

- Prueba de los beneficios de desempleo
- Carta de concesión de beneficios SSI / SSD
- Carta de sostenimiento del un miembro de la familia

La **clínica de Salud IMAN** acepta los planes de seguro de Medicare y Medicaid.

A NADIE se le negara el acceso a los servicios en la **Clínica de Salud IMAN**; los servicios se ofrecen sin importar la capacidad de pago.

Escala de tarifas ajustables de pagos Médicos

Category	**A - $25**	**B - $30**	**C – $35**	**D - $40**	**E - $45**	**Full Fee**
Poverty Level	Up to 100%	Up to 125%	Up to 150%	Up to 175%	Up to 200%	>200%
1	$13,590	$16,988	$20,385	$23,783	$27,180	$27,181
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عيادة ايمان الصحية..
توفير الخدمات للجميع ، من غير النظر للحالة المادية ، برنامجنا للدفع يعتمد على معايير متراوحه التخفيضات تترتبط بدخل البيت وعدد افراد الاسرة.
تتوفر عروضنا للجميع حتى لو ان الدخل كافي وغير مأمن صحي او تحت التأمين الصحي يرتبط بدخل الاسرة لتوفير خدماتنا لكم.
معاييرنا وخدماتنا تكلفتها مرنه على خدمات معينه للشخص المؤهل.
لتحصل على خصوماتنا يجب على المأمن كشف يدل على دخل البيت السنوي وعدد افراد الاسرة.

للموظفين, الرجاء توفير واحدة من الاتي..

اخر عائدات الضريبه الفدراليه*

*IRS form W-2 or 1099

اخر الشيكات المدفوعه ك راتب للشهر كامل*

ورقة م*

ورقة عمل من الشركة بشرط ان تكون مروسة ومختومه*

لغير الموظفين
ورقة تدل على انك لاتعمل*
SSI OR SSD BENEFITS كتاب فوائد المستحقه من*
كتاب من شخص للعائلة يدعمك*

عيادة ايمان الصحية تقبل التامينات الصحية التالية : ميدكير و ميدك ايد

لن نرفض اي شخص لتلقي العلاج في عيادة ايمان الصحي ، خدمات متوفرة بغض النظر عن القدرة للدفع **

:برنامج الدفع يتبع الجدل التالي

IMAN
Medical and Behavioral Health
202 Federal Poverty Guidelines

Category	A - $25	B - $30	C – $35	D - $40	E - $45	Full Fee
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