OUR SERVICES

Sliding Scale Fees Available for All Services

1) Medical Services

- *Family Practice*
- *Pediatrics*
- *Geriatrics*
- *Neurology*

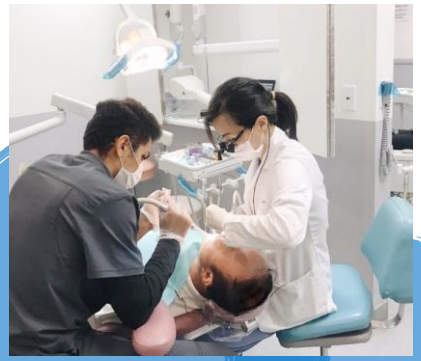
2) Dental Services

- *Complete Dental Services*

3) Acupuncture

4) Ancillary Services

- *Group Therapy for Diabetes, Hypertension, Depression, Obesity*



Please Visit Our Website

Livingstonecdc.com

- *Provides Food Pantry*
- *Bus Pass*
- *Spiritual Counseling*

Phone: 714-248-9500
After Hours Phone: 714- 248-9500
Fax: 714-622-4943

Address:
12362 Beach Blvd #10 Stanton CA 90680

111 W Bastanchury Rd Unit 1A Fullerton CA 92935

Office hours
M-F: 9 AM - 6 PM
Saturday: 9 AM – 3 PM

Livingstone Community Health Clinic

Sliding Fee Scale Discount

TO HELP THE NEEDY

We offer a Sliding Fee Discount Program to patients and their household members with incomes at or below 200% of the current federal poverty guidelines, based on their family size and income

Do you qualify?

Are you uninsured or insured with out of pocket costs?

If so, you may qualify for our Sliding Fee Discount Program. In order to qualify you need to provide:

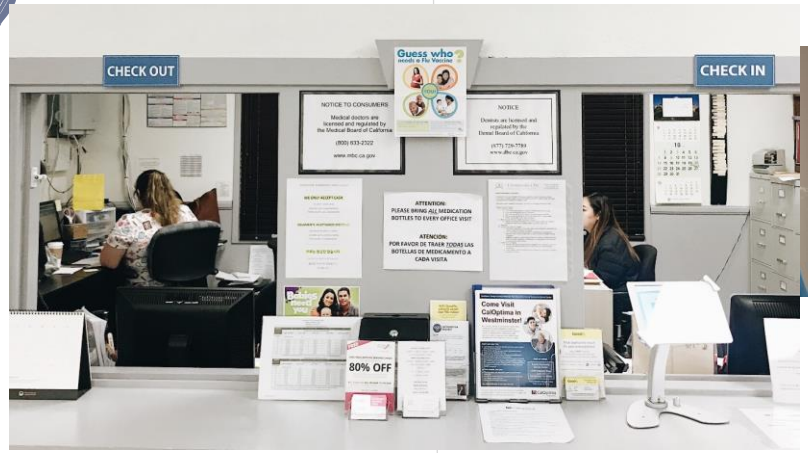
- Family size
- Family size is defined as the number of individuals living within a single residence.
- Written verification of monthly income.
- Income tax return for prior calendar year
- Pay vouchers or pay stubs for prior two months
- Award letter from country welfare department or other government agency documenting eligibility for assistance.
- Other
  Temporary eligibility will be granted if you have stated that you have written verification of monthly income, but did not bring it to the appointment with you. You will be asked to sign the 'Self Declaration of Income' form unti verification is brought in.

Self-Declaration can also be used when income cannot be reasonably documented. If you are unable to provide written verification, you must submit a signed "Self Declaration of Income."

2023 Sliding Fee Scale

Annual Income Thresholds by Sliding Fee Discount Pay and Percent Level (2023 Federal Poverty Level)

Household Size by Annual Income					
Discount	A	B	C	D	E
	Discount Pay Class and Percent Poverty				
	100% or below	101 -133%	134 -155%	156-200%	201% and Above
Household Size	A (Nominal Fee)	B	C	D	E
1	$14,580	19,391	22,599	29,160	$29,161
2	$19,720	26,228	30,566	39,440	$39,441
3	$24,860	33,064	38,533	49,720	$49,721
4	$30,000	39,900	46,500	60,000	$60,001
5	$35,140	46,736	54,467	70,280	$70,281
6	$40,280	53,572	62,434	80,560	$80,561
7	$45,420	60,409	70,401	90,840	$90,841
8	$50,560	67,245	78,368	101,120	$101,121
9	$55,700	74,081	86,335	111,400	$111,401
10	$60,840	80,917	94,302	121,680	$121,681
For families/households with more than 10 persons, add $5,140 for each additional person.					



PLEASE ASK FOR AN APPLICATION FROM THE FRONT DESK