NEMS NORTH EAST MEDICAL SERVICES
東 北 醫 療 中 心



North East Medical Services Sliding Fee Discount Program

North East Medical Services (NEMS) offers a Sliding Fee Discount Program to patients who meet federal income guidelines to help reduce the cost of their services received at our clinics. This program allows us to offer a wide range of services to all patients, regardless of their ability to pay, source(s) of income, and insurance status. You must re-enroll in the program each year.

What is the Sliding Fee Discount Program?

The Sliding Fee Discount Program allows NEMS to provide discounts on charges based on a sliding fee scale. The amount of discount is determined by the size of your family and your household income.

Who is Eligible to Apply for the Sliding Fee Discount Program?

All patients may apply regardless of whether you have or do not have insurance. We use your family size and household income to determine your eligibility and level of discount. Patients with household income at or below 200% of the federal poverty guidelines will be eligible for sliding fee.

What are the Sliding Fee Discount Program Services?

We offer a sliding fee discount for medical, dental, optometry, acupuncture, and chiropractic visits as well as pharmacy, labs, and x-rays for eligible patients. Not all costs (such as supplies) are eligible for discounts. Please check with each department for details.

How Do I Apply?

A Member Services Staff can help you enroll in the Sliding Fee Discount Program during registration and when you renew your membership annually. In order to participate in the Sliding Fee Discount Program, a patient must complete the Sliding Fee Discount Program Application and provide required proof of income for yourself and those in your household.

What Can Be Used as Proof of Income?

To determine your sliding fee discount level, you must provide proof of household income for yourself and those in your household, including:

- ☐ *Current federal tax return*
- ☐ *Current pay check stub*
- ☐ *Signed statement from employer*
- ☐ *Bank statement / Bank book showing direct deposit*
- ☐ *Unemployment benefits statement stub*
- ☐ *Worker's compensation statement*
- ☐ *Copy of award or benefit letter from the government (e.g. Employment Development Department, Social Security Administration, etc.)*

If none of the above documents are available for review, other forms of verification may be accepted. Patients should contact the Member Services Department at their clinic for more information.

If you choose not to bring proof of income, you will be charged the full cost for services.

Who Should I Contact If I Have More Questions?

If you have questions or need assistance, please call our Member Services Department at **1-888-500-1886**.

NEMS complies with all applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.
Free language assistance services and auxiliary aids and services are available.
Si habla español, se encuentran disponibles servicios de asistencia lingüística gratuitos y ayudas/servicios auxiliares.
如果您說中文，我們可提供免費語言協助和輔助設施服務。
Nếu quý vị nói tiếng Việt, chúng tôi có thể cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí và các thiết bị và dịch vụ hỗ trợ phù hợp.

NEMS - Rev. 7/31/2026
Exp. 1/31/2027

NEMS NORTH EAST MEDICAL SERVICES
東 北 醫 療 中 心

東北醫療中心減費優惠計劃



東北醫療中心(NEMS)為符合聯邦收入標準的人士提供減費優惠計劃，以幫助降低在東北診所接受服務的費用。該計劃允許我們為所有人士提供廣泛的服務，無需考慮他們的支付能力、收入來源和保險狀況。這項減費計劃每年要核查一次。

什麼是減費優惠計劃？

減費優惠計劃允許東北醫療中心根據聯邦收入標準提供減費優惠，減費水平取決於您的家庭人數和家庭收入。

誰有資格申請減費優惠計劃？

無論是否有醫療保險，所有人士都可以申請。我們根據您的家庭人數和家庭收入來確定您的資格和減費水平。家庭收入等於或低於聯邦貧困線200%的人士將有資格享受減費優惠。

減費標準計劃包括什麼服務？

我們為符合條件的人士提供醫療、牙科、驗光和行為健康檢查以及藥房、化驗和X光檢查的減費優惠。並非所有本中心所提供的服務都有減費優惠，但您有責任支付減費優惠計劃或您的醫療計劃／醫療保險不承擔的服務費用。

我該如何申請？

東北醫療中心的會員服務部可以在幫您辦理會員登記及每年續期手續時幫您申請減費計劃。有興趣參加這項計劃的人士必須填寫「減費優惠計劃申請表」和提供您本人和家庭收入證明。

什麼可以作為收入證明？

要確定您的減費水平，您必須提供您本人和家庭成員的收入證明，包括：

- ☐ *最新的聯邦報稅表*
- ☐ *最近的工資單存根*
- ☐ *雇主提供的收入證明*
- ☐ *銀行月結單，銀行存摺（直接存款記錄）*
- ☐ *失業金支票存根*
- ☐ *工傷補償存根*
- ☐ *政府福利信件（加州就業發展局**EDD**，美國社會安全局**SSA**等）*

如果無法提供上述文件供審查，也可能接受其他形式的驗證。請聯繫當地東北診所的會員服務部了解更多信息。
如果您選擇不提供收入證明，您將需要支付全額服務費用。

如果想了解更多信息，應該與誰聯繫？

如果您有任何疑問或需要幫助，請致電會員服務部，電話：**1-888-500-1886**。

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NORTH EAST
MEDICAL SERVICES
東 北 醫 療 中 心

NEMS ID:

NAME:

DOB:

SLIDING FEE DISCOUNT APPLICATION
減費優惠計劃申請表

Date 日期 _____

Name 姓名 _____ Date of birth 出生日期 _____

Address 地址 _____

City 市 _____ State 州 _____ Zip 郵政編碼 _____

Home phone 住所電話 _____ Cell phone 手提電話 _____

List spouse/domestic partner and dependents under age 21

請列出您的家庭成員，例如配偶／同居伴侶和年齡 21 歲以下的受撫養人

Spouse/domestic partner name 配偶／同居伴侶	Date of birth 出生日期
Dependent name 受撫養人	Date of birth 出生日期
Dependent name 受撫養人	Date of birth 出生日期
Dependent name 受撫養人	Date of birth 出生日期
Dependent name 受撫養人	Date of birth 出生日期
Dependent name 受撫養人	Date of birth 出生日期
Dependent name 受撫養人	Date of birth 出生日期

Total household members 家庭成員總數 = _____

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SLIDING FEE DISCOUNT APPLICATION
減費優惠計劃申請表

Annual household income
家庭年度收入

Source 收入來源	Self 自己	Spouse 配偶	Other 其他	Total 合共
Gross wages, salaries, tips, etc. 總收入、工資、小費、其他				
Income from business, self-employment, and dependents 生意收入、自僱收入和擔養收入				
Unemployment compensation, workers' compensation, Social Security, Veterans' payments, survivor benefits, pension, or retirement income 失業金、人工補償金、社會保障金、退伍軍人金、遺屬抚恤金、養老金、退休金				
Interest, dividends, rents, royalties, income from estates, trusts, alimony, child support, assistance from outside the household, and other miscellaneous sources 利息、股息、租金、版稅、房地產收入、信託、贍養費、兒童撫養費、家庭以外的援助和其他雜項來源				
			TOTAL INCOME 總收入	**$**

Note: Copies of tax returns, pay stubs, or other information verifying income may be required before a discount is approved. 注意：稅表、工資單或其他收入來源的副本必須要在申請折扣優惠前提供。

I certify that the family size and income information shown above are correct.
我在此證明以上家庭收入和人數全是屬實。

Signature of Patient or Legal Representative*
會員或合法代表簽名

Date | Time
日期 | 時間

Name of Legal Representative
合法代表姓名

Relationship of Legal Representative
合法代表與會員的關係

Signature of Witness (Required if patient is unable to sign)
見證人簽名（會員無法自行簽字時此項必填）

Date | Time
日期 | 時間

NONDISCRIMINATION DISCLOSURE AND NOTICE OF AVAILABILITY OF LANGUAGE ASSISTANCE SERVICES AND AUXILIARY AIDS AND SERVICES

Our Commitment to Nondiscrimination

In this Notice, we use terms like "we" "our" or "us" to refer to North East Medical Services (NEMS) and NEMS PACE. This notice is available on our website at nems.org. We comply with applicable Federal and state civil rights laws and do not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, ancestry, ethnic group identification, religion, age, sex, gender, gender identity, gender expression, sexual orientation, marital status, medical condition, mental disability, physical disability, or genetic information. This commitment applies to all programs, services, and activities of NEMS PACE, including enrollment, participant care, participant services, and operations of our PACE center.

Laws That Protect You

NEMS and NEMS PACE provides services consistent with the requirements of the following laws, among others:

- Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d et seq.), which prohibits discrimination based on race, color, and national origin in programs receiving federal financial assistance.
- Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 794), which prohibits discrimination based on disability in programs receiving federal financial assistance.
- The Age Discrimination Act of 1975 (42 U.S.C. § 6101 et seq.), which prohibits discrimination based on age in programs receiving federal financial assistance.
- Title III of the Americans with Disabilities Act of 1990 (42 U.S.C. § 12181 et seq.), which prohibits discrimination on the basis of disability by private entities that operate places of public accommodation, and Section 202 of Title II of the Americans with Disabilities Act of 1990 (42 U.S.C. § 12132), which prohibits discrimination on the basis of disability by public entities, to the extent applicable.
- Section 1557 of the Patient Protection and Affordable Care Act (42 U.S.C. § 18116), which prohibits discrimination based on race, color, national origin, sex, age, or disability in health programs and activities receiving federal financial assistance.
- California Government Code Section 11135, which prohibits discrimination in programs and activities funded by or receiving financial assistance from the state on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, or sexual orientation.
- California Welfare and Institutions Code Section 14197.09 (SB 923), which requires PACE organizations to provide transgender, gender diverse, and intersex (TGI) participants with access to culturally competent, affirming care.
- The Unruh Civil Rights Act (California Civil Code Section 51 et seq.), which guarantees full and equal accommodations, advantages, facilities, privileges, and services in all business establishments to all persons regardless of sex, race, color, religion, ancestry, national origin, disability, medical condition, genetic information, marital status, sexual orientation, citizenship, primary language, or immigration status.

NONDISCRIMINATION DISCLOSURE AND NOTICE OF AVAILABILITY OF LANGUAGE ASSISTANCE SERVICES AND AUXILIARY AIDS AND SERVICES

We:

- Provide people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
  - Qualified sign language and oral interpreters
  - Written information in other formats (e.g., large print, audio, accessible electronic formats, other formats).
  - Assistance with completing forms and other written materials
  - Other auxiliary aids and services as needed

To request any of these services, please contact us using the information provided at the end of this notice.

- Provide free language services to people whose primary language is not English, such as:
  - Qualified spoken language interpreters for in-person, telephone, and telehealth encounters
  - Qualified sign language interpreters
  - Information written in other languages spoken by participants in our service area

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact NEMS at 1-888-500-1886 or NEMS PACE at 1-888-981-8909.

How to file a grievance with NEMS or NEMS PACE

If you believe that we discriminated against you or another person based on any of the characteristics listed above, you can file a grievance with our Member Services. If you need help filing a grievance, our Member Services Department is available to help you.

- **By phone:** Call NEMS 1-888-500-1886, NEMS PACE 1-888-981-8909
- **By mail:** Call us and ask to have a grievance form sent to you.
- **In person:** Visit the Member Services Department.

You may also contact our Civil Rights Coordinator
Attn: NEMS Section 1557 Coordinator
North East Medical Services
1520 Stockton Street
San Francisco, CA 94133
NEMSSection1557@nems.org

How to file a grievance with U.S. Department of Health and Human Services, Office of Civil Rights

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights

- **By phone:** Call 1-800-368-1019 (TTY 711 or 1-800-537-7697)
- **By mail:** Fill out a complaint form or send a letter to:
  U.S. Department of Health and Human Services
  200 Independence Avenue, SW
  Room 509F, HHH Building
  Washington, D.C. 20201
  Complaint forms are available at:
  http:www.hhs.gov/ocr/office/file/index.html
- **Online:** Visit the Office of Civil Rights Complaint Portal at:
  https://ocrportal.hhs.gov/ocr/portal/lobby.jsf

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NEMS PACE

NONDISCRIMINATION DISCLOSURE AND NOTICE OF AVAILABILITY OF LANGUAGE ASSISTANCE SERVICES AND AUXILIARY AIDS AND SERVICES

Spanish (Español)
Si habla español, se encuentran disponibles servicios de asistencia lingüística gratuitos y ayudas/servicios auxiliares.

Chinese (中文)
如果您說中文，我們可提供免費語言協助和輔助設施服務。

Vietnamese (Tiếng Việt)
Nếu quý vị nói tiếng Việt, chúng tôi có thể cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí và các thiết bị và dịch vụ hỗ trợ phù hợp.

Japanese (日本語)
日本語を話す場合は、無料の言語支援および補助器具/サービスが利用可能です。

Korean (한국어)
한국어를 하신다면, 무료 언어 지원 및 보조 기기/서비스를 이용하실 수 있습니다.

Tagalog (Tagalog)
Kung nagsasalita ka ng Tagalog, mayroong libreng serbisyo ng tulong sa wika at mga pantulong na kagamitan/serbisyo na magagamit.

Armenian (Հայերեն)
Եթե դուք խոսում եք հայերեն, անվճար լեզվական օգնության և լրացուցիչ ծառայությունների հասանելիություն կա:

Arabic (العربية)
إذا كنت تتحدث اللغة العربية، فتوفر خدمات المساعدة اللغوية والمساعدات/الخدمات المساعدة مجانًا.

Persian (فارسی)
اگر به زبان فارسی صحبت می‌کنید، کمک خدمات دسترس در رایگان کمکی خدمات/وسایل و زبانی است.

Russian (Русский)
Если вы говорите по-русски, бесплатная языковая помощь и вспомогательные средства/услуги доступны.

Thai (ไทย)
หากคุณพูดภาษาไทย มีบริการช่วยเหลือทางภาษาและอุปกรณ์/บริการเสริมฟรีให้บริการ

Amharic (አማርኛ)
እርስዎ አማርኛ ከሚናገሩ ከሆነ፣ የቋንቋ እርዳታ እና ተጨማሪ አገልግሎቶች በነፃ ይገኛሉ።

French (Français)
Si vous parlez français, des services d'assistance linguistique gratuits et des aides/services auxiliaires sont à votre disposition.

German (Deutsch)
Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachhilfe und Hilfsmittel/Dienste zur Verfügung.

Ilocano (Ilocano)
No agsao kayo ti Ilocano, adda libre a tulong iti lengguahe ken dagiti kagawaan/serbisio nga makatulong.

Samoan (Samoa)
Afai e te tautala i le gagana Samoa, e avanoa auaunaga fesoasoani i gagana ma meafaigaluega /auaunaga fesoasoani e aunoa ma se totogi

Hindi (हिन्दी)
यदि आप हिन्दी बोलते हैं, तो मुफ्त भाषा सहायता और सहायक उपकरण/सेवाएँ उपलब्ध हैं।

Hmong (Hmoob)
Yog koj hais lus Hmoob, muaj kev pab txhais lus dawb thiab cov cuab yeej/kev pab ntxiv muaj.

Mon-Khmer, Cambodian (ភាសាខ្មែរ)
ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ
មានសេវាជំនួយភាសាដោយឥតគិតថ្លៃ
និងឧបករណ៍/សេវាជំនួយផ្សេងទៀតមានស្រាប់។

Punjabi (ਪੰਜਾਬੀ)
ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਮੁਫ਼ਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਅਤੇ ਸਹਾਇਕ ਸਹਾਇਤਾ/ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ।

Member Services – California
1520 Stockton Street
San Francisco, CA 94133
1-888-500-1886
TTY: 1-800-735-2929

Member Services – Nevada
5580 W. Flamingo Road, Suite 105
Las Vegas, NV 89103
1-888-500-1886
TTY: 1-800-326-6868

NEMS PACE
728 Pacific Avenue, 2nd floor
San Francisco, CA 94133
1-888-981-8909
TTY: 1-800-735-2929