



Client Eligibility Requirements and Fee Schedule – 2017

Prism Health North Texas (PHNTX) provides services for eligible individuals who live in Dallas and surrounding counties.

SERVICE	WHO IS ELIGIBLE	COST/SLIDING FEE SCALE
HIV Testing	Anyone who is interested & at least 13 years of age	None
Intake	HIV infected & meets eligibility guidelines	None
Case Management	HIV infected & meets eligibility requirements	None
Outpatient Medical Care	HIV infected & meets eligibility requirements	<ul style="list-style-type: none"> - None if at 100 % or less of federal poverty guidelines - Sliding fee scale if income is at 101 – 300 % of federal poverty guidelines - Fee for service if income is greater than 300 % of federal poverty guidelines
Medical Case Management	HIV infected & meets eligibility requirements	- None if at 300 % or less of federal poverty guidelines
AIDS Pharmaceutical Assistance	HIV infected & meets eligibility requirements	- None if at 300 % or less of federal poverty guidelines

To receive services at PHNTX you will need:

- Proof of HIV or AIDS diagnosis (HIV testing & documentation available free of charge at PHNTX). Proof of HIV status is required at intake.
- Proof of residence in one of the following counties: **Collin, Cooke, Dallas, Denton, Ellis, Fannin, Grayson, Henderson, Hunt, Kaufman, Navarro or Rockwall counties**. Updated proof of residency will be needed whenever you move or every six months.
- Proof of income (most recent IRS tax form, recent payroll stubs covering a consecutive four week period, current SSI/SSDI letter of benefits, other benefit letters, etc.) If you have no income, you must complete and sign a ‘No Income Verification’ form every 6 months. Your income must be reassessed and documented whenever it changes, and at least every 6 months. Proof of any non-reimbursed medical expenses, for a 30 day period within the past 6 months, may help to show your financial eligibility for services.
- IRS tax return transcript indicating proof of filing or non-filing for the previous tax year. (PHNTX staff member can assist you with obtaining this document).
- If applicable, proof of Medicaid, Medicare or other health insurance.
- Ability to show that medical and/or psychosocial needs are HIV-related.
- Additional documentation may be needed to get other programs at AAI or other agencies.
- It is your responsibility to provide current eligibility documentation which PHNTX must maintain at all times in your file.
- A copy of a picture ID.

If you are not eligible for a service you need, the case manager will tell you why and give you information about other places you can get care.

2017 Federal Poverty Guidelines

Number in Family (including yourself)	100% Poverty	200% Poverty	300% Poverty
1	\$12,060	\$24,120	\$36,180
2	\$16,240	\$32,480	\$48,720
3	\$20,420	\$40,840	\$61,260
4	\$24,600	\$49,200	\$73,800
5	\$28,780	\$57,560	\$86,340
6	\$32,960	\$65,920	\$98,880
7	\$37,140	\$74,280	\$111,420
8	\$41,320	\$82,640	\$123,960
Each additional person above 8 family members	Add \$4,180	Add \$8,360	Add \$12,540

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