



Health Services Agency Clinic Services Division

Ability to Pay Program – Frequently Asked Questions

1. What is the Ability to Pay (ATP) Program?

The ATP Program refers to an eligibility based fee discount program for individuals/families who are receiving health care from the Health Services Agency's Clinic Services Division at the following clinic sites:

- Emeline Health Center at 1080 Emeline Avenue, Santa Cruz
- Watsonville Health Center at 1430 Freedom Boulevard, Suite D, Watsonville
- Watsonville Health & Dental Center at 1430 Freedom Boulevard, Suite C, Watsonville

2. How do I qualify for the ATP Program?

To qualify for the ATP Program, total income must be at 200% or below of current Federal Poverty Guidelines (FPG). Proof of ineligibility for Medi-Cal may also be required. A signed self-declaration provides provisional approval; applicants then have ten business days to submit a completed program application in conjunction with required verifications as indicated on the Documentation Checklist.

3. How are ATP fees determined?

Office visit charges and other clinic services are based on family household size and income level. For qualifying individuals/families living at or below 200% of current FPG, a medical office visit charge will range from \$20 to \$40, depending on ATP Tier. Procedures and other services may also be discounted, depending on ATP Tier.

4. What is the ATP Tier?

The ATP Tier determines a participant's office visit costs and the discount that will be applied to other charges, including procedure, laboratory, and radiology services.

5. How will I know which ATP Tier I qualify for?

Following application verification, staff will provide you with office visit cost information, as well as discount rate for other services. Please keep in mind that these charges may be subject to changes imposed by federal directive or County policy.

6. How often do I need to reapply?

Once verified, an approved application typically qualifies for one full year of ATP participation.

7. What happens if I do not complete the application process?

The self-declaration form provides provisional approval for one discounted office visit. Verification should be completed within ten business days or you may be required to pay the full cost of your next office visit. Full cost of an office visit, with no additional services, typically ranges from \$118 to more than \$200.

8. What if I do not qualify for ATP?

For self-pay patients who do not qualify for the ATP Program, an office visit charge to see a medical care provider is \$70 if paid in full on the date of service; however, this does not include other procedures and services. If not paid in full on the date of service, typical office visit costs can range from \$118 to more than \$200.