



Financial Assistance is available for qualified low-income patients with or without health insurance. To be eligible, you must meet with one of SSTAR’s Navigators.

A navigator is available to help you:

**8:00 AM to 5:00 PM - Monday through Friday**

Telephone number for Benefits Navigator is: 508-679-5222

You must bring the following documents with you for you and all your family members

- **Photo Identification (Driver’s License, State ID, Passport)**
- **Proof of Residency**  
 (Rent receipt with name and address, gas or electric bill, lease agreement, property tax bill, If living with someone a letter from that individual stating you are living with him/her, or a self-declaration letter stating you live at current address.)
- **Proof of Income (Applicable to All Members Who Have Income)**  
 (Two pay stubs from each job, letter from unemployment or two check stubs, Rental Income, Alimony, Social Security Income, If you receive cash from your employer bring a letter stating hours worked and gross pay per week, and If you are self-employed bring your Federal Income Tax return from previous year (1040 tax form with Schedule C form)

SSTAR will provide a payment plan for up to two years for low income patients or patients who qualify for medical hardship under 114.6 CMR 13.05

SSTAR offers Sliding Fee Discounts to patients who are ineligible for the Health Safety Net.

SSTAR offers a full discount to patients who fall under 100% of the Federal Poverty Income Guidelines (FPIG) and Sliding Fee Discounts to patients with incomes between 100% and 200% of the FPIG.

SSTAR Sliding Scale Fees for 2022 – Medical and Behavioral Health

Family Size	Yearly income	Yearly Income	Yearly Income	Yearly Income	Yearly Income
	Below 100%	101% - 125%	126% -150%	151% - 175%	176% - 200%
1	\$13,590 or less	\$13,591 - \$16,990	\$16,991 - \$20,388	\$20,389- \$23,785	\$23,786 - \$27,183
2	\$18,310 or less	\$18,311 - \$22,890	\$22,891- \$27,468	\$27,469 - \$32,045	\$32,046- \$36,623
3	\$23,030 or less	\$23,031 - \$28,790	\$28,791 - \$34,548	\$34,549- \$40,305	\$40,306- \$46,063
4	\$27,750 or less	\$27,751 - \$34,690	\$34,691 - \$41,628	\$41,629 - \$48,565	\$48,566 - \$55,503
5	\$32,470 or less	\$32,471 - \$40,590	\$40,591- \$48,708	\$48,709 - \$56,825	\$56,826- \$64,943
6	\$37,190 or less	\$37,191 - \$46,490	\$46,491 - \$55,788`	\$55,789 - \$65,085	\$65,086 - \$74,383
7	\$41,910 or less	\$41,911 - \$52,390	\$52,391 - \$62,868	\$62,869 - \$73,345	\$73,346 - \$83,823
8	\$46,630 or less	\$46,631 - \$58,290	\$58,291 - \$69,948	\$69,949- \$81,605	\$81,606 - 93,263
You Pay	5.00	17.00	26.00	34.00	43.00

Note: For family units with more than 8 persons, add \$4,720 for each additional person to the amount in the columns.



Family Size	Yearly income	Yearly Income	Yearly Income	Yearly Income	Yearly Income
	201-225%	226-250%	251-275%	276-300%	Over 300%
1	\$27,184 - \$30,581	\$30,582 - \$33,979	\$33,980 - \$37,377	\$37,378 - \$40,774	\$40,775 and over
2	\$36,624 - \$41,201	\$41,202 - \$45,779	\$45,780 - \$50,357	\$50,358 - \$54,934	\$54,935 and over
3	\$46,064 - \$51,821	\$51,822 - \$57,579	\$57,580 - \$63,337	\$63,338 - \$69,094	\$69,095 and over
4	\$55,504 - \$62,441	\$62,442 - \$69,379	\$69,380 - \$76,317	\$76,318 - \$83,254	\$83,255 and over
5	\$64,944 - \$73,061	\$73,062 - \$81,179	\$81,180 - \$89,297	\$89,298 - \$97,414	\$97,415 and over
6	\$74,384 - \$83,681	\$83,682 - \$92,979	\$92,980 - \$102,277	\$102,278 - \$111,574	\$111,575 and over
7	\$83,824 - \$94,301	\$94,302 - \$104,779	\$104,780 - \$115,257	\$115,258 - \$125,734	\$125,735 and over
8	\$93,263 - \$104,921	\$104,922 - \$116,579	\$116,580 - \$128,237	\$128,238 - \$139,894	\$139,895 and over
You Pay	51.00	60.00	68.00	77.00	Full charge