



**LOS
ANGELES
LGBT
CENTER**

Health Services

RYAN WHITE HIV/AIDS PROGRAM ANNUAL PAYMENT CAP

Your healthcare at the Los Angeles LGBT Center may be partially funded through a grant from the Ryan White HIV/AIDS Program. As you are a potential recipient of Ryan White funds, we will not typically charge you for services rendered in our facility for the remainder of the year if your health care costs exceed an annual payment cap. This cap is a percentage of your annual income and follows the guidelines described in the Ryan White Act. The payment cap limits the amount you can be charged for out-of-pocket medical expenses on an annual basis for HIV-related services.

Use the table below to determine your **Annual Payment Cap**.

Annual Income	% Charge
0 to \$15,060	0
> \$15,061 to \$30,118	5%
> \$30,119 to \$45,177	7%
> \$45,178 to \$75,300	10%

Calculate:

Annual Gross Income \$ _____ X _____ % = \$ _____
Annual Payment Cap

You may use the table on the back side of this form to track your out-of-pocket expenses. Qualifying HIV-related expenses may include, but are not limited to the following: medical provider office visits, mental health and substance abuse counseling, prescriptions, medical insurance premiums and co-pays, and over-the-counter medications related to HIV.

If you reach your Payment Cap or have any further questions, please contact a Benefits Specialist Supervisor at 323-993-7495.

Received by: _____ Date: _____
Patient Signature

RYAN WHITE HIV/AIDS PROGRAM ANNUAL PAYMENT CAP | Name: _____
PF #: _____



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OUT-OF-POCKET MEDICAL/DENTAL/PHARMACY EXPENSES

Expense	Type of Expense	Date	Amount

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Name:
PF #: