

PATIENT SLIDING FEE SCALE

 | *Non-Ryan White* (Based on Federal Register 2021- Poverty Income Guidelines)

Family Size	Income	Category 0 Nominal Fee	Category 1	Category 2	Category 3	Category 4 Full Fee
% of Federal Poverty Income Guidelines		Up to 100%	100.01% - 150.00%	150.01% - 175.00%	175.01% - 200.00%	Over 200.00% ¹
1	Annual	\$0 - \$12,880	\$12,881 - \$19,320	\$19,321 - \$22,540	\$22,541 - \$25,760	Full Fee
	Monthly	\$0 - \$1,073	\$1,074 - \$1,610	\$1,611 - \$1,878	\$1,879 - \$2,147	Full Fee
2	Annual	\$0 - \$17,420	\$17,421 - \$26,130	\$26,131 - \$30,485	\$30,486 - \$34,840	Full Fee
	Monthly	\$0 - \$1,452	\$1,453 - \$2,178	\$2,179 - \$2,540	\$2,541 - \$2,903	Full Fee
3	Annual	\$0 - \$21,960	\$21,961 - \$32,940	\$32,941 - \$38,430	\$38,431 - \$43,920	Full Fee
	Monthly	\$0 - \$1,830	\$1,831 - \$2,745	\$2,746 - \$3,203	\$3,204 - \$3,660	Full Fee
4	Annual	\$0 - \$26,500	\$26,501 - \$39,750	\$39,751 - \$46,375	\$46,376 - \$53,000	Full Fee
	Monthly	\$0 - \$2,208	\$2,209 - \$3,313	\$3,314 - \$3,865	\$3,866 - \$4,417	Full Fee
5	Annual	\$0 - \$31,040	\$31,041 - \$46,560	\$46,561 - \$54,320	\$54,321 - \$62,080	Full Fee
	Monthly	\$0 - \$2,587	\$2,588 - \$3,880	\$3,881 - \$4,527	\$4,528 - \$5,173	Full Fee

	Nominal Fee	Charge	Charge	Charge	Full Fee
Medical-Sliding Fee²	\$10	\$30	\$35	\$40	Full Fee
BH- Sliding Fee	\$10	\$30	\$35	\$40	Full Fee
Prescription Formulary: 30 day supply³	\$10	\$15	\$20	\$25	Full Fee
Prescription Formulary: 90 day supply	\$25	\$40	\$50	\$60	Full Fee
IUD Procedure⁴	\$50	\$60	\$70	\$80	Full Fee
IUD Equipment	Cost	\$450	\$500	\$550	Full Fee
Dental cleanings, exams, x-rays	\$30	\$40	\$50	\$60	Full Fee
	Discount %				
All other dental procedures⁵	75%	55%	35%	15%	Full Fee

Add \$4,540 for additional family member

¹ Prompt Pay Discount- 25% Discount available to patients over 200%, if paid on the day of service or if paid in full over a 12 month period.

² Includes clinical pharmacy services.

³ For a pharmacy customer to qualify for the sliding fee schedule, the customer must be a patient of the health center. If the price of the medication is cheaper than the Sliding Fee, the patient will only pay up to the maximum price of the medication.

⁴ Separate, payment for the IUP unit/product. See IUD Equipment fee scale above.

⁵ Fillings, crowns, extractions, root canals, dentures, tooth whitening, nightguards

PATIENT SLIDING FEE SCALE

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Family Size	Income	Federal Poverty Level							
		100%	150%	200%	250%	300%	400%	500%	
% of Federal Poverty Income Guidelines		100%	150%	200%	250%	300%	400%	500%	>500%*
1	Annual	\$12,880	\$19,320	\$25,760	\$32,200	\$38,640	\$51,520	\$64,400	
	Monthly	\$1,073	\$1,610	\$2,147	\$2,683	\$3,220	\$4,293	\$5,367	
2	Annual	\$17,420	\$26,130	\$34,840	\$43,550	\$52,260	\$69,680	\$87,100	
	Monthly	\$1,452	\$2,178	\$2,903	\$3,629	\$4,355	\$5,807	\$7,258	
3	Annual	\$21,960	\$32,940	\$43,920	\$54,900	\$65,880	\$87,840	\$109,800	
	Monthly	\$1,830	\$2,745	\$3,660	\$4,575	\$5,490	\$7,320	\$9,150	
4	Annual	\$26,500	\$39,750	\$53,000	\$66,250	\$79,500	\$106,000	\$132,500	
	Monthly	\$2,208	\$3,313	\$4,417	\$5,521	\$6,625	\$8,833	\$11,042	
5	Annual	\$31,040	\$46,560	\$62,080	\$77,600	\$93,120	\$124,160	\$155,200	
	Monthly	\$2,587	\$3,880	\$5,173	\$6,467	\$7,760	\$10,347	\$12,933	

Fee - Medical, Dental, BH	\$0	\$2	\$3	\$4	\$5	\$7	\$9	Full Fee
Total Annual Charge	None	Not to Exceed 5% of Annual Income.	Not to Exceed 5% of Annual Income.	Not to Exceed 7% of Annual Income.	Not to Exceed 10% of Annual Income.	Not to Exceed 10% of Annual Income.	Not to Exceed 10% of Annual Income.	Full Fee

Add \$4,540 for each person over family size of 5

*Prompt Pay Discount- 25% Discount available to patients over 500%, if paid on the day of service or if paid in full over a 12 month period.

Patient Name: _____

Patient Email: _____

Patient Address: _____