

2021 Sliding Fee Scale

Annual Income Thresholds by Nominal Fee or Discounted Pay Class and Percent Poverty						
Poverty Level	At or Below 100% Level I	101-125% Level II	126-150% Level III	151-175% Level IV	176-200% Level V	Above 200%
Family Size	Nominal Fee		Discounted Class Price (Levels II- V)			
MEDICAL	\$10	\$15	\$20	\$25	\$30	100% Pay
BEHAVIORAL/SUBSTANCE ABUSE/NUTRITION	\$5	\$10	\$15	\$20	\$25	100% Pay
1	0-\$12,880	\$16,100	\$19,320	\$22,540	\$25,760	\$25,761+
2	0-\$17,240	\$21,775	\$26,130	\$30,485	\$34,840	\$34,841+
3	0-\$21,960	\$27,450	\$32,940	\$38,430	\$43,920	\$43,921 +
4	0-\$26,500	\$33,125	\$39,750	\$46,375	\$53,000	\$53,001 +
5	0-\$31,040	\$38,800	\$46,560	\$54,320	\$62,080	\$62,081+
6	0-\$35,580	\$44,475	\$53,370	\$62,265	\$71,160	\$71,161 +
7	0-\$40,120	\$50,150	\$60,180	\$70,210	\$80,240	\$80,241 +
8	0-\$44,660	\$55,825	\$66,990	\$78,155	\$89,320	\$89,321 +
For Each Additional Family Member Add	\$4,540	\$5,675	\$6,810	\$7,945	\$9,080	\$9,080
*Based on 2021 Federal Poverty Guidelines						

Level I- patients at or below 100% FPG will receive a 100 % discount of charges with a nominal fee as outlined above. Nominal Fee was determined by assessing the collection rates by discount pay class, write-off rates by discount pay class, patient surveys and board input.

Patients that fall between Levels II – V will receive a 100 % discount of charges with a discounted price as outline above.

Persons over 200 % of FPG will be responsible for the full charge and receive no discount.

Applicability: This policy applies to all patients and all services offered at the clinic. No patient will be denied services regardless of inability to pay.