2023 Sliding Fee Scale

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| **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%** |
|  **Nominal Fee Discounted Class Price ( Levels II- V)** |
| **Family Size** |  |  |   |   |   |   |
| **MEDICAL** | $10 | $15 | $20 | $25 | $30 | 100% Pay |
| **BEHAVIORAL/SUBSTANCE ABUSE/NUTRITION** | $5 | $10 | $15 | $20 | $25 | 100% Pay |
| **1** |   0-$14,580 | $18,225 | $21,870 | $25,515 | $29,160 | $29,161+ |
| **2** | 0-$19,720 | $24,650 | $29,580 | $34,510 | $39,440 | $39,441+ |
| **3** | 0-$24,860 | $31,075 | $37,290 | $43,505 | $49,720 | $49,721 + |
| **4** | 0-$30,000 | $37,500 | $45,000 | $52,500 | $60,000 | $60,001 + |
| **5** | 0-$35,140 | $43,925 | $52,710 | $61,495 | $70,280 | $70,281+ |
| **6** | 0-$40,280 | $50,350 | $60,420 | $70,490 | $80,560 | $80,561 + |
| **7** | 0-$45,420 | $56,775 | $68,130 | $79,485 | $90,840 | $90,841 + |
| **8** | 0-$50,560 | $63,200 | $75,840 | $88,480 | $101,120 | $101,121 + |
| **For Each Additional Family Member Add** | $5,140 | $6,425 | $7,710 | $8,995 | $10,280 | $10,280 |
| \*Based on 2023 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.