



Sliding Fee Schedule
Effective June 1, 2018

If you are uninsured and you wish to apply for a discount, please ask a Customer Associate for an application.

% of Federal Poverty Level	Medical & Maternity	Dental	Behavioral	Other Services	Family Size										
	Evaluation & Management Visit	Evaluation & Management Visit	Evaluation & Management Visit	Radiology, Labs & Maternity Delivery											
	Fee	Fee	Fee	Fee											
	Due at Time of Visit	Due at Time of Visit	Due at Time of Visit	Due Upon Statement	Income	1	2	3	4	5	6	7	8	9	10
100% & Below Slide A	\$20.00	\$30.00	No Charge	No Charge	≤	12,140	16,460	20,780	25,100	29,420	33,740	38,060	42,380	46,700	51,020
101%-125% Slide B	\$25.00	\$35.00	\$3.00	25%	>	12,140	16,460	20,780	25,100	29,420	33,740	38,060	42,380	46,700	51,020
					≤	15,175	20,575	25,975	31,375	36,775	42,175	47,575	52,975	58,375	63,775
126%-150% Slide C	\$35.00	\$45.00	\$5.00	45%	>	15,175	20,575	25,975	31,375	36,775	42,175	47,575	52,975	58,375	63,775
					≤	18,210	24,690	31,170	37,650	44,130	50,610	57,090	63,570	70,050	76,530
151%-175% Slide D	\$45.00	\$50.00	\$7.00	65%	>	18,210	24,690	31,170	37,650	44,130	50,610	57,090	63,570	70,050	76,530
					≤	21,245	28,805	36,365	43,925	51,485	59,045	66,605	74,165	81,725	89,285
176%-200% Slide E	\$55.00	\$60.00	\$10.00	85%	>	21,245	28,805	36,365	43,925	51,485	59,045	66,605	74,165	81,725	89,285
					≤	24,280	32,920	41,560	50,200	58,840	67,480	76,120	84,760	93,400	102,040
Over Income	Full Fee	Full Fee	Full Fee	Full Fee	>	24,280	32,920	41,560	50,200	58,840	67,480	76,120	84,760	93,400	102,040

Radiology and Laboratory Fees are discounted for HFHC patients.
 For families with more than 10 members, add \$4,320 for each member.
 Guidelines for the sliding fee scale are adjusted as published by the Federal Government.