

The sliding fee scale is a discount of charges for those who either have no insurance, or who have insurance but have a high deductible. Also, it is for those whose insurance does not cover provided services. Regardless of whether you have insurance or not, you must still meet the income guidelines.

The sliding fee scale is a formula used to determine the availability of reduced charges to patients who qualify according to the number in the family and the average yearly income of the family. The scale is as follows:

# In Family	0% (100%)	20% (125%)	40% (150%)	60% (175%)	80% (200%)	100% (>200%)
1	0 \$10,830	\$10,831 \$13,538	\$13,539 \$16,245	\$16,246 \$18,953	\$18,954 \$21,660	\$21,661
2	0 \$14,570	\$14,571 \$18,213	\$18,214 \$21,855	\$21,856 \$25,498	\$25,499 \$29,140	\$29,141
3	0 \$18,310	\$18,311 \$22,888	\$22,889 \$27,465	\$27,466 \$32,043	\$32,044 \$36,620	\$36,621
4	0 \$22,050	\$22,051 \$27,563	\$27,564 \$33,075	\$33,076 \$38,588	\$38,589 \$44,100	\$44,101
5	0 \$25,790	\$25,791 \$32,238	\$32,239 \$38,685	\$38,686 \$45,133	\$44,134 \$51,580	\$51,581
6	0 \$29,530	\$29,531 \$36,913	\$36,914 \$44,295	\$44,296 \$51,678	\$51,679 \$59,060	\$59,061
7	0 \$33,270	\$33,271 \$41,588	\$41,589 \$49,906	\$49,906 \$58,233	\$58,224 \$66,540	\$66,541
8	0 \$37,010	\$37,011 \$46,263	\$46,264 \$55,515	\$55,516 \$64,768	\$64,769 \$74,020	\$74,021

HOW TO READ THE SCALE

Step 1: Locate the row corresponding to the number of individuals in your family.

Step 2: Move to the right until you find the range containing your average annual income.

Step 3: Go to the top of that column. The percentage shown is the portion of the bill you will pay.

For each additional family member over 8 add \$3,740. For the 20% category, the patient will be responsible for 20% of the bill or \$20, whichever is higher. In the 0% category, the patient is asked to pay \$20 for office visit, \$20 for routine lab work, \$10 for x-ray, and \$10 for injections.