

**Peoples Community Health Clinic
2018-2019 Sliding Fee Schedule MEDICAL and DENTAL**

Approved: June 4, 2018

Effective: July 1, 2018

Patients will be asked to pay their nominal fee, sliding fee copay, or their insurance copay at the time of service. Patients will be billed for any remaining balance based on their insurance or sliding fee category.

Monthly Income

Payment	Pay Nominal Fee	Sliding Fee Copay	Sliding Fee Copay	Sliding Fee Copay	Pay 100%	Pay 100%
Medical Fee	Medical \$10	Medical \$15	Medical \$20	Medical \$25	Medical \$35	Medical \$50
Dental Fee	Dental \$20	Dental \$25	Dental \$30	Dental \$35	Dental \$35	Dental \$50
Pay Type	B	C	D	E	SP	SP
Poverty Level	0-100	101-150	151-175	176-200	Over 200 Declared	Over 200 Unknown
Family Size						
1	\$ 1,012	\$ 1,013 -1518	\$ 1,519 -1770	\$ 1,771 -2023	\$ 2,024	\$ 2,024
2	\$ 1,372	\$ 1,373 -2058	\$ 2,059 -2400	\$ 2,402 -2743	\$ 2,744	\$ 2,744
3	\$ 1,732	\$ 1,733 -2598	\$ 2,599 -3030	\$ 3,032 -3463	\$ 3,464	\$ 3,464
4	\$ 2,092	\$ 2,093 -3138	\$ 3,139 -3660	\$ 3,661 -4183	\$ 4,184	\$ 4,184
5	\$ 2,452	\$ 2,453 -3678	\$ 3,679 -4290	\$ 4,292 -4903	\$ 4,904	\$ 4,904
6	\$ 2,812	\$ 2,813 -4218	\$ 4,219 -4920	\$ 4,922 -5623	\$ 5,624	\$ 5,624
7	\$ 3,172	\$ 3,173 -4758	\$ 4,759 -5550	\$ 5,551 -6343	\$ 6,344	\$ 6,344
8	\$ 3,532	\$ 3,533 -5298	\$ 5,299 -6180	\$ 6,182 -7063	\$ 7,064	\$ 7,064
9	\$ 3,892	\$ 3,893 -5838	\$ 5,839 -6810	\$ 6,812 -7783	\$ 7,784	\$ 7,784
10	\$ 4,252	\$ 4,253 -6378	\$ 6,379 -7440	\$ 7,441 -8503	\$ 8,504	\$ 8,504
11	\$ 4,612	\$ 4,613 -6918	\$ 6,919 -8070	\$ 8,072 -9223	\$ 9,224	\$ 9,224
12	\$ 4,972	\$ 4,973 -7458	\$ 7,459 -8700	\$ 8,702 -9943	\$ 9,944	\$ 9,944
13	\$ 5,332	\$ 5,333 -7998	\$ 7,999 -9330	\$ 9,331 -10663	\$ 10,664	\$ 10,664
14	\$ 5,692	\$ 5,693 -8538	\$ 8,539 -9960	\$ 9,962 -11383	\$ 11,384	\$ 11,384
15	\$ 6,052	\$ 6,053 -9078	\$ 9,079 -10590	\$ 10,592 -12103	\$ 12,104	\$ 12,104

Yearly Income

Payment	Pay Nominal Fee	Sliding Fee Copay	Sliding Fee Copay	Sliding Fee Copay	Pay 100%	Pay 100%
Medical Fee	Medical \$10	Medical \$15	Medical \$20	Medical \$25	Medical \$35	Medical \$50
Dental Fee	Dental \$20	Dental \$25	Dental \$30	Dental \$35	Dental \$35	Dental \$50
Pay Type	B	C	D	E	SP	SP
Poverty Level	0-100	101-150	151-175	176-200	Over 200 Declared	Over 200 Unknown
Family Size						
1	\$ 12,140	\$ 12,141 -18,210	\$ 18,211 -21,245	\$ 21,246 -24,280	\$ 24,281	\$ 24,281
2	\$ 16,460	\$ 16,461 -24,690	\$ 24,691 -28,805	\$ 28,806 -32,920	\$ 32,921	\$ 32,921
3	\$ 20,780	\$ 20,781 -31,170	\$ 31,171 -36,365	\$ 36,366 -41,560	\$ 41,561	\$ 41,561
4	\$ 25,100	\$ 25,101 -37,650	\$ 37,651 -43,925	\$ 43,926 -50,200	\$ 50,201	\$ 50,201
5	\$ 29,420	\$ 29,421 -44,130	\$ 44,131 -51,485	\$ 51,486 -58,840	\$ 58,841	\$ 58,841
6	\$ 33,740	\$ 33,741 -50,610	\$ 50,611 -59,045	\$ 59,046 -67,480	\$ 67,481	\$ 67,481
7	\$ 38,060	\$ 38,061 -57,090	\$ 57,091 -66,605	\$ 66,606 -76,120	\$ 76,121	\$ 76,121
8	\$ 42,380	\$ 42,381 -63,570	\$ 63,571 -74,165	\$ 74,166 -84,760	\$ 84,761	\$ 84,761
9	\$ 46,700	\$ 46,701 -70,050	\$ 70,051 -81,725	\$ 81,726 -93,400	\$ 93,401	\$ 93,401
10	\$ 51,020	\$ 51,021 -76,530	\$ 76,531 -89,285	\$ 89,286 -102,040	\$ 102,041	\$ 102,041
11	\$ 55,340	\$ 55,341 -83,010	\$ 83,011 -96,845	\$ 96,846 -110,680	\$ 110,681	\$ 110,681
12	\$ 59,660	\$ 59,661 -89,490	\$ 89,491 -104,405	\$ 104,406 -119,320	\$ 119,321	\$ 119,321
13	\$ 63,980	\$ 63,981 -95,970	\$ 95,971 -111,965	\$ 111,966 -127,960	\$ 127,961	\$ 127,961
14	\$ 68,300	\$ 68,301 -102,450	\$ 102,451 -119,525	\$ 119,526 -136,600	\$ 136,601	\$ 136,601
15	\$ 72,620	\$ 72,621 -108,930	\$ 108,931 -127,085	\$ 127,086 -145,240	\$ 145,241	\$ 145,241