

**Peoples Community Health Clinic
2019-2020 Sliding Fee Schedule MEDICAL and DENTAL**

Approved: February 4, 2019

Effective: March 1, 2019

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	\$ 1,041	\$ 1,042 -1561	\$ 1,562 -1821	\$ 1,822 -2082	\$ 2,083	\$ 2,083
2	\$ 1,409	\$ 1,410 -2114	\$ 2,115 -2466	\$ 2,467 -2818	\$ 2,819	\$ 2,819
3	\$ 1,778	\$ 1,779 -2666	\$ 2,667 -3111	\$ 3,112 -3555	\$ 3,556	\$ 3,556
4	\$ 2,146	\$ 2,147 -3219	\$ 3,220 -3755	\$ 3,755 -4292	\$ 4,293	\$ 4,293
5	\$ 2,514	\$ 2,515 -3771	\$ 3,772 -4400	\$ 4,401 -5028	\$ 5,029	\$ 5,029
6	\$ 2,883	\$ 2,884 -4324	\$ 4,325 -5044	\$ 5,045 -5765	\$ 5,766	\$ 5,766
7	\$ 3,251	\$ 3,252 -4876	\$ 4,877 -5689	\$ 5,689 -6502	\$ 6,503	\$ 6,503
8	\$ 3,619	\$ 3,620 -5429	\$ 5,430 -6334	\$ 6,335 -7238	\$ 7,239	\$ 7,239
9	\$ 3,988	\$ 3,989 -5981	\$ 5,982 -6978	\$ 6,979 -7975	\$ 7,976	\$ 7,976
10	\$ 4,356	\$ 4,357 -6534	\$ 6,535 -7623	\$ 7,623 -8712	\$ 8,713	\$ 8,713
11	\$ 4,724	\$ 4,725 -7086	\$ 7,087 -8267	\$ 8,268 -9448	\$ 9,449	\$ 9,449
12	\$ 5,093	\$ 5,094 -7639	\$ 7,640 -8912	\$ 8,913 -10185	\$ 10,186	\$ 10,186
13	\$ 5,461	\$ 5,462 -8191	\$ 8,192 -9556	\$ 9,557 -10922	\$ 10,923	\$ 10,923
14	\$ 5,829	\$ 5,830 -8744	\$ 8,745 -10201	\$ 10,202 -11658	\$ 11,659	\$ 11,659
15	\$ 6,198	\$ 6,199 -9296	\$ 9,297 -10846	\$ 10,847 -12395	\$ 12,396	\$ 12,396

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	\$ 12,490	\$ 12,491 -18,735	\$ 18,736 -21,858	\$ 21,859 -24,980	\$ 24,981	\$ 24,981
2	\$ 16,910	\$ 16,911 -25,365	\$ 25,366 -29,593	\$ 29,594 -33,820	\$ 33,821	\$ 33,821
3	\$ 21,330	\$ 21,331 -31,995	\$ 31,996 -37,328	\$ 37,329 -42,660	\$ 42,661	\$ 42,661
4	\$ 25,750	\$ 25,751 -38,625	\$ 38,626 -45,063	\$ 45,064 -51,500	\$ 51,501	\$ 51,501
5	\$ 30,170	\$ 30,171 -45,255	\$ 45,256 -52,798	\$ 52,799 -60,340	\$ 60,341	\$ 60,341
6	\$ 34,590	\$ 34,591 -51,885	\$ 51,886 -60,533	\$ 60,534 -69,180	\$ 69,181	\$ 69,181
7	\$ 39,010	\$ 39,011 -58,515	\$ 58,516 -68,268	\$ 68,269 -78,020	\$ 78,021	\$ 78,021
8	\$ 43,430	\$ 43,431 -65,145	\$ 65,146 -76,003	\$ 76,004 -86,860	\$ 86,861	\$ 86,861
9	\$ 47,850	\$ 47,851 -71,775	\$ 71,776 -83,738	\$ 83,739 -95,700	\$ 95,701	\$ 95,701
10	\$ 52,270	\$ 52,271 -78,405	\$ 78,406 -91,473	\$ 91,474 -104,540	\$ 104,541	\$ 104,541
11	\$ 56,690	\$ 56,691 -85,035	\$ 85,036 -99,208	\$ 99,209 -113,380	\$ 113,381	\$ 113,381
12	\$ 61,110	\$ 61,111 -91,665	\$ 91,666 -106,943	\$ 106,944 -122,220	\$ 122,221	\$ 122,221
13	\$ 65,530	\$ 65,531 -98,295	\$ 98,296 -114,678	\$ 114,679 -131,060	\$ 131,061	\$ 131,061
14	\$ 69,950	\$ 69,951 -104,925	\$ 104,926 -122,413	\$ 122,414 -139,900	\$ 139,901	\$ 139,901
15	\$ 74,370	\$ 74,371 -111,555	\$ 111,556 -130,148	\$ 130,149 -148,740	\$ 148,741	\$ 148,741