



MEDICAL & BEHAVIORAL HEALTH SFS CO-PAYS

	Level I		Level II		Level III		Level IV		Level V - No Discount
	0 - 100% of Federal Poverty Level (FPL)		101 - 140% of Federal Poverty Level (FPL)		141 - 180% of Federal Poverty Level (FPL)		181 - 200% of Federal Poverty Level (FPL)		Over 200% Federal Poverty Level (FPL) / No Income Information Provided
# of Family Members	If income is between:		If income is between:		If income is between:		If income is between:		If income is at or above:
1	\$6,380	\$12,880	\$12,881	\$18,032	\$18,033	\$23,184	\$23,185	\$25,760	\$25,761
2	\$8,620	\$17,420	\$17,421	\$24,388	\$24,389	\$31,356	\$31,357	\$34,840	\$34,841
3	\$10,860	\$21,960	\$21,961	\$30,744	\$30,745	\$39,528	\$39,529	\$43,920	\$43,921
4	\$13,100	\$26,500	\$26,501	\$37,100	\$37,101	\$47,700	\$47,701	\$53,000	\$53,001
5	\$15,340	\$31,040	\$31,041	\$43,456	\$43,457	\$55,872	\$55,873	\$62,080	\$62,081
6	\$17,580	\$35,580	\$35,581	\$49,812	\$49,813	\$64,044	\$64,045	\$71,160	\$71,161
7	\$19,820	\$40,120	\$40,121	\$56,168	\$56,169	\$72,216	\$72,217	\$80,240	\$80,241
8	\$22,060	\$44,660	\$44,661	\$62,524	\$62,525	\$80,388	\$80,389	\$89,320	\$89,321
Add for Each Additional Person	\$2,270		\$3,178		\$4,086		\$4,540		\$4,540
Patient Payment	\$20		\$40		\$60		\$80		\$150 at the time of service / Pt will be billed for remainder balance

If a Patient's insurance plan does *NOT* pay on a claim due to noncovered services, the patient will be responsible for their sliding fee scale copay amount.

If a Patients insurance deems an amount due as the Co-Pay, Co-Insurance or Deductible, the patient will owe the lessor of what is deemed by the insurance or the patients sliding fee scale amount.

Example: A patient is Level II (\$60 copay), and their insurance has applied \$85.66 towards the patients deductible. The patient will be charged the \$60 copay for Level II copay, since that amount is lessor.



NURSE VISITS & INSURED PATIENTS					
	Level I	Level II	Level III	Level IV	Level V - No Discount
	0 - 100% of Federal Poverty Level (FPL)	101 - 140% of Federal Poverty Level (FPL)	141 - 180% of Federal Poverty Level (FPL)	181 - 200% of Federal Poverty Level (FPL)	Over 200% Federal Poverty Level (FPL) / No Income Information Provided
Nurse Visits	\$20	\$40	\$60	\$80	\$80 at the time of service / Pt will be billed for remainder balance
Insured Patients	\$20	\$40	\$60	\$80	
Balance after Co-pays/Deductible	\$20	\$40	\$60	\$80	
Insured Patients & Balance after copays/deductibles will be balance billed up to the assessed SFS Copay amount.					