



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	\$13,590	\$13,591	\$19,026	\$19,027	\$24,462	\$24,463	\$27,180	\$27,181
2	\$8,620	\$18,310	\$18,311	\$25,634	\$25,635	\$32,958	\$32,959	\$36,620	\$36,621
3	\$10,860	\$23,030	\$23,031	\$32,242	\$32,243	\$41,454	\$41,455	\$46,060	\$46,061
4	\$13,100	\$27,750	\$27,751	\$38,850	\$38,851	\$49,950	\$49,951	\$55,500	\$55,501
5	\$15,340	\$32,470	\$32,471	\$45,458	\$45,459	\$58,446	\$58,447	\$64,940	\$64,941
6	\$17,580	\$37,190	\$37,191	\$52,066	\$52,067	\$66,942	\$66,943	\$74,380	\$74,381
7	\$19,820	\$41,910	\$41,911	\$58,674	\$58,675	\$75,438	\$75,439	\$83,820	\$83,821
8	\$22,060	\$46,630	\$46,631	\$65,282	\$65,283	\$83,934	\$83,935	\$93,260	\$93,261
Add for Each Additional Person	\$2,360		\$3,304		\$4,248		\$4,720		\$4,720
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 (\$40 copay), and their insurance has applied \$85.66 towards the patients deductible. The patient will be charged the \$40 copay for Level II copay, since that amount is lessor.

By signing below, I understand that Family Health Services offers a Sliding Fee Scale that is offered to all patients. You may retrieve a Sliding Fee Scale application from any of our receptionists.

Print Name: _____ Signature: _____ Date: _____



NURSE VISITS & INSURED PATIENTS					
	Level I	Level II	Level III	Level IV	Level V - No Discount
Nurse visits \$20 flat rate fee	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	\$20	\$20	\$20	\$20 at the time of service
Insured Patients	\$20	\$20	\$20	\$20	
Balance after Co-pays/Deductible	\$20	\$20	\$20	\$20	
Insured Patients & Balance after copays/deductibles will be balance billed up to the assessed SFS Copay amount.					