



MEDICAL 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	\$12,760	\$12,761	\$17,864	\$17,865	\$22,968	\$22,969	\$25,520	\$25,521
2	\$8,620	\$17,240	\$17,241	\$24,136	\$24,137	\$31,032	\$31,033	\$34,480	\$34,481
3	\$10,860	\$21,720	\$21,721	\$30,408	\$30,409	\$39,096	\$39,097	\$43,440	\$43,441
4	\$13,100	\$26,200	\$26,201	\$36,680	\$36,681	\$47,160	\$47,161	\$52,400	\$52,401
5	\$15,340	\$30,680	\$30,681	\$42,952	\$42,953	\$55,224	\$55,225	\$61,360	\$61,361
6	\$17,580	\$35,160	\$35,161	\$49,224	\$49,225	\$63,288	\$63,289	\$70,320	\$70,321
7	\$19,820	\$39,640	\$39,641	\$55,496	\$55,497	\$71,352	\$71,353	\$79,280	\$79,281
8	\$22,060	\$44,120	\$44,121	\$61,768	\$61,769	\$79,416	\$79,417	\$88,240	\$88,241
Add for Each Additional Person	\$2,240		\$3,136		\$4,032		\$4,480		\$4,480
Patient Payment	\$20		\$60		\$100		\$120		\$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 patient's 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	\$60	\$100	\$120	\$80 at the time of service / Pt will be billed for remainder balance
Insured Patients	\$20	\$60	\$100	\$120	
Balance after Co-pays/Deductible	\$20	\$60	\$100	\$120	
Insured Patients & Balance after copays/deductibles will be balance billed up to the assessed SFS Copay amount.					