



**Family Health Services
2020 Sliding Fee Schedule (SFS)**

**Veterans
Welcome**

Medical & Behavioral Health Fees

	Level I		Level II		Level III		Level IV		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		If income is between:		If income is		If income is		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

NURSE VISITS

	Level I		Level II		Level III		Level IV		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	\$10		\$20		\$40		\$60		\$80 at the time of service / Pt will be billed for remainder balance

If your insurance plan does not pay on a claim due to noncovered services, the patient will be responsible for the sliding fee amount
 If an insurance pays on the claims and applies any amount to the patient copay or deductible, the patient will owe the lessor of what the insurance deems as the of what the insurance deems as the patients responsibility or the 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 \$60

Discount Schedule based on 2020 Federal Poverty Guidelines, found at [ASPE.hhs.gov](https://www.aspe.hhs.gov)

Level I-IV- includes all services and labs.

In all cases, the **NO DISCOUNT** Level is an intial fee. Patient will be balance billed for full charges.