

**Welcome to Shortgrass Community Health Center**

The amount that you will be responsible for paying will be determined using a Sliding Scale Discount Schedule which is based on your total income as it relates to the Federal Poverty Level (FPL) Guidelines for this year. The sliding scale discount schedule is included in this notice.

Documentation of income and number in household must be provided to the Shortgrass Community Health Center business office to determine the eligibility and amount of discount for services to be provided.

**ALL PATIENTS WILL BE SEEN REGARDLESS OF ABILITY TO PAY.**

A nominal fee of \$10 is requested for services in medical, behavioral health, and vision clinics and \$20 for services provided in dental clinics for patients at or below the 100% FPL. All other patients will have a co-pay or minimal fee based upon their insurance carrier or their annual income.

**Routine lab services are offered on a sliding scale basis but not included in the nominal fee.**

Any attempt to falsify information relating to income or other eligibility requirements is a violation of federal law and is subject to prosecution.

**NO PATIENT WITH INCOME GREATER THAN 200% FPL IS ELIGIBLE FOR THE DISCOUNT.**

The Shortgrass Community Health Center Sliding Scale Discount Schedule is based on the current annual Federal Poverty Level (FPL) guideline and is updated in the EMR by the billing manager.

Category	Slide	S1	S2	S3	S4	S5
% of Federal Poverty Level (FPL)		<= 100%	101 - 125 %	126 - 150%	151 - 175%	176 - 200%
Patient Nominal Fee	Medical/BH/Vision/Psych	\$10	\$20	\$30	\$40	\$50
	Dental	\$20	\$30	\$40	\$50	\$60
<b>Family Size</b>						
<b>1 Annual (Up to)</b>		<b>\$15,060</b>	<b>\$18,825</b>	<b>\$22,590</b>	<b>\$26,355</b>	<b>\$30,120</b>
	Monthly	\$1,255	\$1,569	\$1,883	\$2,196	\$2,510
	Weekly	\$290	\$362	\$434	\$507	\$579
	Hourly	\$7	\$9	\$11	\$13	\$14
<b>2 Annual (Up to)</b>		<b>\$20,440</b>	<b>\$25,550</b>	<b>\$30,660</b>	<b>\$35,770</b>	<b>\$40,880</b>
	Monthly	\$1,703	\$2,129	\$2,555	\$2,981	\$3,407
	Weekly	\$393	\$491	\$590	\$688	\$786
	Hourly	\$10	\$12	\$15	\$17	\$20
<b>3 Annual (Up to)</b>		<b>\$25,820</b>	<b>\$32,275</b>	<b>\$38,730</b>	<b>\$45,185</b>	<b>\$51,640</b>
	Monthly	\$2,152	\$2,690	\$3,228	\$3,765	\$4,303
	Weekly	\$497	\$621	\$745	\$869	\$993
	Hourly	\$12	\$16	\$19	\$22	\$25
<b>4 Annual (Up to)</b>		<b>\$31,200</b>	<b>\$39,000</b>	<b>\$46,800</b>	<b>\$54,600</b>	<b>\$62,400</b>
	Monthly	\$2,600	\$3,250	\$3,900	\$4,550	\$5,200
	Weekly	\$600	\$750	\$900	\$1,050	\$1,200
	Hourly	\$15	\$19	\$23	\$26	\$30
<b>5 Annual (Up to)</b>		<b>\$36,580</b>	<b>\$45,725</b>	<b>\$54,870</b>	<b>\$64,015</b>	<b>\$73,160</b>
	Monthly	\$3,048	\$3,810	\$4,573	\$5,335	\$6,097
	Weekly	\$703	\$879	\$1,055	\$1,231	\$1,407
	Hourly	\$18	\$22	\$26	\$31	\$35
<b>6 Annual (Up to)</b>		<b>\$41,960</b>	<b>\$52,450</b>	<b>\$62,940</b>	<b>\$73,430</b>	<b>\$83,920</b>
	Monthly	3,497	4,371	5,245	6,119	6,993
	Weekly	\$807	\$1,009	\$1,210	\$1,412	\$1,614
	Hourly	\$20	\$25	\$30	\$35	\$40
<b>7 Annual (Up to)</b>		<b>\$47,340</b>	<b>\$59,175</b>	<b>\$71,010</b>	<b>\$82,845</b>	<b>\$94,680</b>
	Monthly	\$3,945	\$4,931	\$5,918	\$6,904	\$7,890
	Weekly	\$910	\$1,138	\$1,366	\$1,593	\$1,821
	Hourly	\$23	\$28	\$34	\$40	\$46
<b>8 Annual (Up to)</b>		<b>\$52,720</b>	<b>\$65,900</b>	<b>\$79,080</b>	<b>\$92,260</b>	<b>\$105,440</b>
	Monthly	\$4,393	\$5,492	\$6,590	\$7,688	\$8,787
	Weekly	\$1,014	\$1,267	\$1,521	\$1,774	\$2,028
	Hourly	\$25	\$32	\$38	\$44	\$51
	*	\$5,380	\$5,380	\$5,380	\$5,380	\$5,380

**IMPORTANT: \*For Family Units over 8, add the amount shown for each additional family member.**