

SCHG SLIDING FEE SCALE

2023

		Federal Poverty Guideline	Self Pay I 0% - 100%	Self Pay II >101%-125%	Self Pay III >126%-150%	Self Pay IV >151%-175%	Self Pay V >176%-200%	Self Pay VI above 200%				
	Services Discounted Rate	Medical	\$ 10 nominal fee	\$15	\$20	\$25	\$30	Full Fee				
		Behavioral Health	\$ 10 nominal fee	\$15	\$20	\$25	\$30	Full Fee				
		Other additional services	patient pays 20%	70% (patient pays 30%)	60% (patient pays 40%)	50% (patient pays 50%)	40% (patient pays 60%)	100%				
	Family Size	Annual Income										
	1	\$14,580	0 - \$14,580	\$14,581	\$18,225	\$18,226	\$21,870	\$21,871	\$25,515	\$25,516	\$29,160	\$29,161 +
	2	\$19,720	0 - \$19,720	\$19,721	\$24,650	\$24,651	\$29,580	\$29,581	\$34,510	\$34,511	\$39,440	\$39,441 +
	3	\$24,860	0 - \$24,860	\$24,861	\$31,075	\$31,076	\$37,290	\$37,291	\$43,505	\$43,506	\$49,720	\$49,721 +
	4	\$30,000	0 - \$30,000	\$30,001	\$37,500	\$37,501	\$45,000	\$45,001	\$52,500	\$52,501	\$60,000	\$60,001 +
	5	\$35,140	0 - \$35,140	\$35,141	\$43,925	\$43,926	\$52,710	\$52,711	\$61,495	\$61,496	\$70,280	\$70,281 +
	6	\$40,280	0 - \$40,280	\$40,281	\$50,350	\$50,351	\$60,420	\$60,421	\$70,490	\$70,491	\$80,560	\$80,561 +
	7	\$45,420	0 - \$45,420	\$45,421	\$56,775	\$56,776	\$68,130	\$68,131	\$79,485	\$79,486	\$90,840	\$90,841 +
	8	\$50,560	0 - \$50,560	\$50,561	\$63,200	\$63,201	\$75,840	\$75,841	\$88,480	\$88,481	\$101,120	\$101,121 +
For families/households with more than 8 persons, add \$5,140 to annual income for each additional person.												
Para las familias y los hogares con más de 8 personas, agregue \$5,140 a ingresos anuales por cada persona adicional.												

For visits not covered by any special programs or insurance we offer a discount based on your gross income and family size.

Para visitas en que no califico para un programa especial o por seguro medico, ofrecemos descuentos basado en su ingreso bruto y por la medida de su familia.

Payment is requested on the date of service.

Su pago se require en el dia de servicio.