



Shortgrass Community Health Center

2026 Sliding Scale Discount Schedule

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
	Enabling Services	\$1	\$2	\$3	\$4	\$5
Family Size						
1 Annual (Up to)	\$15,960	\$19,950	\$23,940	\$27,930	\$31,920	
Monthly	\$1,330	\$1,663	\$1,995	\$2,328	\$2,660	
Weekly	\$307	\$384	\$460	\$537	\$614	
Hourly	\$8	\$10	\$12	\$13	\$15	
2 Annual (Up to)	\$21,640	\$27,050	\$32,460	\$37,870	\$43,280	
Monthly	\$1,803	\$2,254	\$2,705	\$3,156	\$3,607	
Weekly	\$416	\$520	\$624	\$728	\$832	
Hourly	\$10	\$13	\$16	\$18	\$21	
3 Annual (Up to)	\$27,320	\$34,150	\$40,980	\$47,810	\$54,640	
Monthly	\$2,277	\$2,846	\$3,415	\$3,984	\$4,553	
Weekly	\$525	\$657	\$788	\$919	\$1,051	
Hourly	\$13	\$16	\$20	\$23	\$26	
4 Annual (Up to)	\$33,000	\$41,250	\$49,500	\$57,750	\$66,000	
Monthly	\$2,750	\$3,438	\$4,125	\$4,813	\$5,500	
Weekly	\$635	\$793	\$952	\$1,111	\$1,269	
Hourly	\$16	\$20	\$24	\$28	\$32	
5 Annual (Up to)	\$38,680	\$48,350	\$58,020	\$67,690	\$77,360	
Monthly	\$3,223	\$4,029	\$4,835	\$5,641	\$6,447	
Weekly	\$744	\$930	\$1,116	\$1,302	\$1,488	
Hourly	\$19	\$23	\$28	\$33	\$37	
6 Annual (Up to)	\$44,620	\$55,775	\$66,930	\$78,085	\$89,240	
Monthly	3,718	4,648	5,578	6,507	7,437	
Weekly	\$858	\$1,073	\$1,287	\$1,502	\$1,716	
Hourly	\$21	\$27	\$32	\$38	\$43	
7 Annual (Up to)	\$50,040	\$62,550	\$75,060	\$87,570	\$100,080	
Monthly	\$4,170	\$5,213	\$6,255	\$7,298	\$8,340	
Weekly	\$962	\$1,203	\$1,443	\$1,684	\$1,925	
Hourly	\$24	\$30	\$36	\$42	\$48	
8 Annual (Up to)	\$55,720	\$69,650	\$83,580	\$97,510	\$111,440	
Monthly	\$4,643	\$5,804	\$6,965	\$8,126	\$9,287	
Weekly	\$1,072	\$1,339	\$1,607	\$1,875	\$2,143	
Hourly	\$27	\$33	\$40	\$47	\$54	
	*	\$5,680	\$5,680	\$5,680	\$5,680	\$5,680
IMPORTANT: *For Family Units over 8, add the amount shown for each additional family member.						

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 copay 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.