Shortgrass
COMMUNITY HEALTH CENTER, INC.

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, behavoral 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 elgibility requirements is a violation of federal law and is subject to prosecution.

N0 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.

Shortgrass Community Health Center
2026 Sliding Scale Discount Schedule

Category	Slide	S1	S2	S3	S4	S5	Self Pay
% of Federal Poverty Level (FPL)		<= 100%	101 - 125 %	126 - 150%	151 - 175%	176 - 200%	≥ 201%
Patient Nominal Fee	Med/BH/Opt/Psych	$10	$20	$30	$40	$50	Full charge
	Dental	$20	$30	$40	$50	$60	Full charge
	CRS	$5	$6	$7	$8	$9	Full charge
Family Size							
1	**Annual (Up to)**	**$15,960**	**$19,950**	**$23,940**	**$27,930**	**$31,920**	**$31,921**
	Monthly	$1,330	$1,663	$1,995	$2,328	$2,660	$2,661
	Weekly	$307	$384	$460	$537	$614	$615
	Hourly	$8	$10	$12	$13	$15	$16
2	**Annual (Up to)**	**$21,640**	**$27,050**	**$32,460**	**$37,870**	**$43,280**	**$43,281**
	Monthly	$1,803	$2,254	$2,705	$3,156	$3,607	$3,608
	Weekly	$416	$520	$624	$728	$832	$833
	Hourly	$10	$13	$16	$18	$21	$22
3	**Annual (Up to)**	**$27,320**	**$34,150**	**$40,980**	**$47,810**	**$54,640**	**$54,641**
	Monthly	$2,277	$2,846	$3,415	$3,984	$4,553	$4,554
	Weekly	$525	$657	$788	$919	$1,051	$1,052
	Hourly	$13	$16	$20	$23	$26	$27
4	**Annual (Up to)**	**$33,000**	**$41,250**	**$49,500**	**$57,750**	**$66,000**	**$66,001**
	Monthly	$2,750	$3,438	$4,125	$4,813	$5,500	$5,501
	Weekly	$635	$793	$952	$1,111	$1,269	$1,270
	Hourly	$16	$20	$24	$28	$32	$33
5	**Annual (Up to)**	**$38,680**	**$48,350**	**$58,020**	**$67,690**	**$77,360**	**$77,361**
	Monthly	$3,223	$4,029	$4,835	$5,641	$6,447	$6,448
	Weekly	$744	$930	$1,116	$1,302	$1,488	$1,489
	Hourly	$19	$23	$28	$33	$37	$38
6	**Annual (Up to)**	**$44,620**	**$55,775**	**$66,930**	**$78,085**	**$89,240**	**$89,241**
	Monthly	3,718	4,648	5,578	6,507	7,437	$7,438
	Weekly	$858	$1,073	$1,287	$1,502	$1,716	$1,717
	Hourly	$21	$27	$32	$38	$43	$44
7	**Annual (Up to)**	**$50,040**	**$62,550**	**$75,060**	**$87,570**	**$100,080**	**$100,081**
	Monthly	$4,170	$5,213	$6,255	$7,298	$8,340	$8,341
	Weekly	$962	$1,203	$1,443	$1,684	$1,925	$1,926
	Hourly	$24	$30	$36	$42	$48	$49
8	**Annual (Up to)**	**$55,720**	**$69,650**	**$83,580**	**$97,510**	**$111,440**	**$111,441**
	Monthly	$4,643	$5,804	$6,965	$8,126	$9,287	$9,288
	Weekly	$1,072	$1,339	$1,607	$1,875	$2,143	$2,144
	Hourly	$27	$33	$40	$47	$54	$55
	*	$5,680	$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.