

Shortgrass Community Health Center

2025 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)		\$15,650	\$19,563	\$23,475	\$27,388	\$31,300
	Monthly	\$1,304	\$1,630	\$1,956	\$2,282	\$2,608
	Weekly	\$301	\$376	\$451	\$527	\$602
	Hourly	\$8	\$9	\$11	\$13	\$15
2 Annual (Up to)		\$21,150	\$26,438	\$31,725	\$37,013	\$42,300
	Monthly	\$1,763	\$2,203	\$2,644	\$3,084	\$3,525
	Weekly	\$407	\$508	\$610	\$712	\$813
	Hourly	\$10	\$13	\$15	\$18	\$20
3 Annual (Up to)		\$26,650	\$33,313	\$39,975	\$46,638	\$53,300
	Monthly	\$2,221	\$2,776	\$3,331	\$3,886	\$4,442
	Weekly	\$513	\$641	\$769	\$897	\$1,025
	Hourly	\$13	\$16	\$19	\$22	\$26
4 Annual (Up to)		\$32,150	\$40,188	\$48,225	\$56,263	\$64,300
	Monthly	\$2,679	\$3,349	\$4,019	\$4,689	\$5,358
	Weekly	\$618	\$773	\$927	\$1,082	\$1,237
	Hourly	\$15	\$19	\$23	\$27	\$31
5 Annual (Up to)		\$37,650	\$47,063	\$56,475	\$65,888	\$75,300
	Monthly	\$3,138	\$3,922	\$4,706	\$5,491	\$6,275
	Weekly	\$724	\$905	\$1,086	\$1,267	\$1,448
	Hourly	\$18	\$23	\$27	\$32	\$36
6 Annual (Up to)		\$43,150	\$53,938	\$64,725	\$75,513	\$86,300
	Monthly	3,596	4,495	5,394	6,293	7,192
	Weekly	\$830	\$1,037	\$1,245	\$1,452	\$1,660
	Hourly	\$21	\$26	\$31	\$36	\$41
7 Annual (Up to)		\$48,650	\$60,813	\$72,975	\$85,138	\$97,300
	Monthly	\$4,054	\$5,068	\$6,081	\$7,095	\$8,108
	Weekly	\$936	\$1,169	\$1,403	\$1,637	\$1,871
	Hourly	\$23	\$29	\$35	\$41	\$47
8 Annual (Up to)		\$54,150	\$67,688	\$81,225	\$94,763	\$108,300
	Monthly	\$4,513	\$5,641	\$6,769	\$7,897	\$9,025
	Weekly	\$1,041	\$1,302	\$1,562	\$1,822	\$2,083
	Hourly	\$26	\$33	\$39	\$46	\$52
	*	\$5,500	\$5,500	\$5,500	\$5,500	\$5,500

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 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.