

SHWC SLIDING FEE SCALE

Federal Register

Medical & Counseling

2019 Guidelines

Additional 4,140
Nominal

150% OF
POVERTY

# IN FAMILY	A	B	C	D	E	F	
	\$ 20.00 0% <100%>	\$ 23.00 20% <125%>	\$ 46.00 40% <150%>	\$ 69.00 60% <175%>	\$ 92.00 80% <200%>	No Min 100% <200%>	
1	0 12,490	12,491 15,613	15,614 18,735	18,736 21,858	21,859 24,980	24,981	
2	0 16,910	16,911 21,138	21,139 25,365	25,366 29,593	29,594 33,820	33,821	
3	0 21,330	21,331 26,663	26,664 31,995	31,996 37,328	37,329 42,660	42,661	
4	0 25,750	25,751 32,188	32,189 38,625	38,626 45,063	45,064 51,500	51,501	
5	0 30,170	30,171 37,713	37,714 45,255	45,256 52,798	52,799 60,340	60,341	
6	0 34,590	34,591 43,238	43,239 51,885	51,886 60,533	60,534 69,180	69,181	
7	0 39,010	39,011 48,763	48,764 58,515	58,516 68,268	68,269 78,020	78,021	
8	0 43,430	43,431 54,288	54,289 65,145	65,146 76,003	76,004 86,860	86,861	
340B	Level I	Level II		Level III		Level IV	

<--Office Visit
<--Immunizations/Lab
Xray/EKG

For each additional family member over 8 add \$4,420. The nominal fee is \$20 for a Level A office visit. For immunizations or lab work, patient responsibility is percentage noted above or \$19.00 for Level A, B \$20, C \$21, D \$22, E \$23, F \$24, whichever is higher. For x-rays or EKGs the patient will be responsible for \$15 if at Level A, B \$16, C \$17, D \$18, E \$19, F\$20, whichever is higher.

To determine the percentage of the bill the patient is responsible for:

1. Match the number reported living at home with the "number in family" category above;
2. Move across the scale until the yearly income corresponds with the income category;
3. Look at the top of the column to the fee for the office visit and percentage for Lab/Xray/EKG listed. This fee is the amount and percentage the patient is responsible for. (EX: S.F. "C" patient pays \$46.00 for the office visit plus 40% of Immunizations/Lab/Xray/EKG charges.) The remaining amount is adjusted off on the sliding fee scale adjustment.
4. **REMEMBER - All family income is to be included. Income is the *AMOUNT EARNED BEFORE TAXES DEDUCTED.***

SHWC SLIDING FEE SCALE

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2019 Guidelines

Optometry

Additional 4,140
Nominal Fee

150% OF
POVERTY

	A	B	C	D	E	F	
# IN FAMILY	\$ 55.00 \$ 40.00 <100%>	\$ 60.00 20% <125%>	\$ 65.00 40% <150%>	\$ 70.00 60% <175%>	\$ 90.00 80% <200%>	No Min 100% <200%>	<--Office Visit <--Qualifying Lenses
1	0 12,490	12,491 15,613	15,614 18,735	18,736 21,858	21,859 24,980	24,981	
2	0 16,910	16,911 21,138	21,139 25,365	25,366 29,593	29,594 33,820	33,821	
3	0 21,330	21,331 26,663	26,664 31,995	31,996 37,328	37,329 42,660	42,661	
4	0 25,750	25,751 32,188	32,189 38,625	38,626 45,063	45,064 51,500	51,501	
5	0 30,170	30,171 37,713	37,714 45,255	45,256 52,798	52,799 60,340	60,341	
6	0 34,590	34,591 43,238	43,239 51,885	51,886 60,533	60,534 69,180	69,181	
7	0 39,010	39,011 48,763	48,764 58,515	58,516 68,268	68,269 78,020	78,021	
8	0 43,430	43,431 54,288	54,289 65,145	65,146 76,003	76,004 86,860	86,861	
340B	Level I	Level II		Level III		Level IV	

For each additional family member over 8 add \$4,420. The nominal fee is \$55 for a "Level A" office visit. Single vision lenses qualifying for the SFS will be sold at a percentage based upon the category the patient qualifies for or a minimum fee of \$40 for Level A, \$41 Level B, \$42 Level C, \$43 Level D, \$44 Level E, \$45 Level F, whichever is higher.

To determine the percentage of the bill the patient is responsible for:

1. Match the number reported living at home with the "number in family" category above;
2. Move across the scale until the yearly income corresponds with the income category;
3. **REMEMBER - All family income is to be included. Income is the *AMOUNT EARNED BEFORE TAXES DEDUCTED.***

SHWC SLIDING FEE SCALE

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2019 Guidelines

Dental

150% OF
POVERTY

Nominal

# IN FAMILY	A	B	C	D	E	F
	\$70 <100%>	30% <125%>	40% <150%>	60% <175%>	80% <200%>	100% <200%>
1	0 12,490	12,491 15,613	15,614 18,735	18,736 21,858	21,859 24,980	24,981
2	0 16,910	16,911 21,138	21,139 25,365	25,366 29,593	29,594 33,820	33,821
3	0 21,330	21,331 26,663	26,664 31,995	31,996 37,328	37,329 42,660	42,661
4	0 25,750	25,751 32,188	32,189 38,625	38,626 45,063	45,064 51,500	51,501
5	0 30,170	30,171 37,713	37,714 45,255	45,256 52,798	52,799 60,340	60,341
6	0 34,590	34,591 43,238	43,239 51,885	51,886 60,533	60,534 69,180	69,181
7	0 39,010	39,011 48,763	48,764 58,515	58,516 68,268	68,269 78,020	78,021
8	0 43,430	43,431 54,288	54,289 65,145	65,146 76,003	76,004 86,860	86,861
340B	Level I	Level II		Level III		Level IV

For each additional family member over 8 add \$4,420. For the Level A category the patient will be responsible for a nominal fixed fee of \$70 which includes all slideable services. The minimum fee is \$75 for Level B, \$76 Level C, \$77 Level D, \$78 Level E, \$79 Level F visit which includes all slideable services. Non-slideable services will be charged at the regular fee schedule rate.

To determine the percentage of the bill the patient is responsible for:

1. Match the number reported living at home with the "number in family" category above;
2. Move across the scale until the yearly income corresponds with the income category;
3. Look at the top of the column to the percentage listed. This percentage is the percentage the patient is responsible for. (EX: S.F. 40% patient pays 40% of the bill.) The remaining percent is adjusted off on the sliding fee scale adjustment.
4. **REMEMBER - All family income is to be included. Income is the *AMOUNT EARNED BEFORE TAXES DEDUCTED.***