



Sliding Fee Scale
Annual Income Level
Effective January 31, 2017

Family Health Centers, Inc. sliding fee scale is used to determine the discount a patient will receive on their total charges for services. Patients are expected at the time of their visit to pay either the nominal fee (Class A patients) or a minimum fee (Class B through Class F). The minimum fee varies and you will be billed for the remainder of the total charges for services – minus your discount. The scale below is based on annual income.

Annual/Yearly Income						
Family Size	Class A Pays the Nominal Fee \$20	Class B Pays 20% of Total Charges	CLASS C Pays 40% of Total Charges	CLASS D Pays 60% of Total Charges	CLASS E Pays 80% of Total Charges	CLASS F Pays 100% of Total Charges
1	\$0 - \$12,060	\$ 12,061 - \$ 15,075	\$15,076 - \$18,090	\$18,091 - \$21,105	\$21,106 - \$24,120	\$24,121 - UP
2	\$0 - \$16,240	\$ 16,241 - \$ 20,300	\$20,301 - \$24,360	\$24,361 - \$28,420	\$28,421 - \$32,480	\$32,481 - UP
3	\$0 - \$20,420	\$ 20,421 - \$ 25,525	\$25,526 - \$30,630	\$30,631 - \$35,735	\$35,736 - \$40,840	\$40,841 - UP
4	\$0 - \$24,600	\$ 24,601 - \$ 30,750	\$30,751 - \$36,900	\$36,901 - \$43,050	\$43,051 - \$49,200	\$49,201 - UP
5	\$0 - \$28,780	\$ 28,781 - \$ 35,975	\$35,976 - \$43,170	\$43,171 - \$50,365	\$50,366 - \$57,560	\$57,561 - UP
6	\$0 - \$32,960	\$ 32,961 - \$ 41,200	\$41,201 - \$49,440	\$49,441 - \$57,680	\$57,681 - \$65,920	\$65,921 - UP
7	\$0 - \$37,140	\$ 37,141 - \$ 46,425	\$46,426 - \$55,710	\$55,711 - \$64,995	\$64,996 - \$74,280	\$74,281 - UP
8	\$0 - \$41,320	\$ 41,321 - \$ 51,650	\$51,651 - \$61,980	\$61,981 - \$72,310	\$72,311 - \$82,640	\$82,641 - UP

Note: For family units of more than 8 members, add \$4,180 for each additional member



Sliding Fee Scale
Monthly Income Level
 Effective January 31, 2017

Family Health Centers, Inc. sliding fee scale is used to determine the discount a patient will receive on their total charges for services. Patients are expected at the time of their visit to pay either the nominal fee (Class A patients) or a minimum fee (Class B through Class F). The minimum fee varies and you will be billed for the remainder of the total charges for services – minus your discount. The scale below is based on monthly income.

Monthly Income						
Family Size	Class A Pays the Nominal Fee \$20	Class B Pays 20% of Total Charges	CLASS C Pays 40% of Total Charges	CLASS D Pays 60% of Total Charges	CLASS E Pays 80% of Total Charges	CLASS F Pays 100% of Total Charges
1	\$0 - \$ 1,005	\$ 1,006 - \$ 1,256	\$ 1,257 - \$ 1,508	\$ 1,509 - \$ 1,759	\$ 1,760 - \$ 2,010	\$ 2,011 - UP
2	\$0 - \$ 1,353	\$ 1,354 - \$ 1,691	\$ 1,692 - \$ 2,030	\$ 2,031 - \$ 2,368	\$ 2,369 - \$ 2,706	\$ 2,707 - UP
3	\$0 - \$ 1,702	\$ 1,703 - \$ 2,128	\$ 2,129 - \$ 2,553	\$ 2,554 - \$ 2,979	\$ 2,980 - \$ 3,404	\$ 3,405 - UP
4	\$0 - \$ 2,050	\$ 2,051 - \$ 2,563	\$ 2,564 - \$ 3,075	\$ 3,076 - \$ 3,588	\$ 3,589 - \$ 4,100	\$ 4,101 - UP
5	\$0 - \$ 2,398	\$ 2,399 - \$ 2,998	\$ 2,999 - \$ 3,597	\$ 3,598 - \$ 4,197	\$ 4,198 - \$ 4,796	\$ 4,797 - UP
6	\$0 - \$ 2,747	\$ 2,748 - \$ 3,434	\$ 3,435 - \$ 4,121	\$ 4,122 - \$ 4,807	\$ 4,808 - \$ 5,494	\$ 5,495 - UP
7	\$0 - \$ 3,095	\$ 3,096 - \$ 3,869	\$ 3,870 - \$ 4,643	\$ 4,644 - \$ 5,416	\$ 5,417 - \$ 6,190	\$ 6,191 - UP
8	\$0 - \$ 3,443	\$ 3,444 - \$ 4,304	\$ 4,305 - \$ 5,165	\$ 5,166 - \$ 6,025	\$ 6,026 - \$ 6,886	\$ 6,887 - UP

Note: For family units of more than 8 members, add \$348 for each additional member



Sliding Fee Scale
Bi-Weekly Income Level
Effective January 31, 2017

Family Health Centers, Inc. sliding fee scale is used to determine the discount a patient will receive on their total charges for services. Patients are expected at the time of their visit to pay either the nominal fee (Class A patients) or a minimum fee (Class B through Class F). The minimum fee varies and you will be billed for the remainder of the total charges for services – minus your discount. The scale below is based on Bi-Weekly income.

Bi-Weekly Income						
Family Size	Class A Pays the Nominal Fee \$20	Class B Pays 20% of Total Charges	CLASS C Pays 40% of Total Charges	CLASS D Pays 60% of Total Charges	CLASS E Pays 80% of Total Charges	CLASS F Pays 100% of Total Charges
1	\$0 - \$ 464	\$ 465 - \$ 580	\$ 581 - \$ 696	\$ 697 - \$ 812	\$ 813 - \$ 928	\$ 929 - UP
2	\$0 - \$ 625	\$ 626 - \$ 781	\$ 782 - \$ 937	\$ 938 - \$ 1,093	\$ 1,094 - \$ 1,249	\$ 1,250 - UP
3	\$0 - \$ 785	\$ 786 - \$ 982	\$ 983 - \$ 1,178	\$ 1,179 - \$ 1,374	\$ 1,375 - \$ 1,571	\$ 1,572 - UP
4	\$0 - \$ 946	\$ 947 - \$ 1,183	\$ 1,184 - \$ 1,419	\$ 1,420 - \$ 1,656	\$ 1,657 - \$ 1,892	\$ 1,893 - UP
5	\$0 - \$ 1,107	\$ 1,108 - \$ 1,384	\$ 1,385 - \$ 1,660	\$ 1,661 - \$ 1,937	\$ 1,938 - \$ 2,214	\$ 2,215 - UP
6	\$0 - \$ 1,268	\$ 1,269 - \$ 1,585	\$ 1,586 - \$ 1,902	\$ 1,903 - \$ 2,218	\$ 2,219 - \$ 2,535	\$ 2,536 - UP
7	\$0 - \$ 1,428	\$ 1,429 - \$ 1,786	\$ 1,787 - \$ 2,143	\$ 2,144 - \$ 2,500	\$ 2,501 - \$ 2,857	\$ 2,858 - UP
8	\$0 - \$ 1,589	\$ 1,590 - \$ 1,987	\$ 1,988 - \$ 2,384	\$ 2,385 - \$ 2,781	\$ 2,782 - \$ 3,178	\$ 3,179 - UP

Note: For family units of more than 8 members, add \$161 for each additional member



Sliding Fee Scale
Weekly Income Level
Effective January 31, 2017

Family Health Centers, Inc. sliding fee scale is used to determine the discount a patient will receive on their total charges for services. Patients are expected at the time of their visit to pay either the nominal fee (Class A patients) or a minimum fee (Class B through Class F). The minimum fee varies and you will be billed for the remainder of the total charges for services – minus your discount. The scale below is based on weekly income.

Weekly Income						
Family Size	Class A Pays the Nominal Fee \$20	Class B Pays 20% of Total Charges	CLASS C Pays 40% of Total Charges	CLASS D Pays 60% of Total Charges	CLASS E Pays 80% of Total Charges	CLASS F Pays 100% of Total Charges
1	\$0 - \$ 232	\$ 233 - \$ 290	\$ 291 - \$ 348	\$ 349 - \$ 406	\$ 407 - \$ 464	\$ 465 - UP
2	\$0 - \$ 312	\$ 313 - \$ 390	\$ 391 - \$ 468	\$ 469 - \$ 547	\$ 548 - \$ 625	\$ 626 - UP
3	\$0 - \$ 393	\$ 394 - \$ 491	\$ 492 - \$ 589	\$ 590 - \$ 687	\$ 688 - \$ 785	\$ 786 - UP
4	\$0 - \$ 473	\$ 474 - \$ 591	\$ 592 - \$ 710	\$ 711 - \$ 828	\$ 829 - \$ 946	\$ 947 - UP
5	\$0 - \$ 553	\$ 554 - \$ 692	\$ 693 - \$ 830	\$ 831 - \$ 969	\$ 970 - \$ 1,107	\$ 1,108 - UP
6	\$0 - \$ 634	\$ 635 - \$ 792	\$ 793 - \$ 951	\$ 952 - \$ 1,109	\$ 1,110 - \$ 1,268	\$ 1,269 - UP
7	\$0 - \$ 714	\$ 715 - \$ 893	\$ 894 - \$ 1,071	\$ 1,072 - \$ 1,250	\$ 1,251 - \$ 1,428	\$ 1,429 - UP
8	\$0 - \$ 795	\$ 796 - \$ 993	\$ 994 - \$ 1,192	\$ 1,193 - \$ 1,391	\$ 1,392 - \$ 1,589	\$ 1,590 - UP

Note: For family units of more than 8 members, add \$80 for each additional member