



Family Health Centers, Inc.
Sliding Fee Scale
Annual Income Level
Effective January 13, 2021

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.

Family Size	100%	125%	150%	\$175%	200%	>200%
	Class A Pays 0%	Class B Pays 20%	CLASS C PAYS 40%	CLASS D PAYS 60%	CLASS E PAYS 80%	CLASS F PAYS 100%
1	\$0 - \$12,880	\$ 12,881 - \$ 16,100	\$16,101 - \$19,320	\$19,321 - \$22,540	\$22,541 - \$25,760	\$25,761 - UP
2	\$0 - \$17,420	\$ 17,421 - \$ 21,775	\$21,776 - \$26,130	\$26,131 - \$30,485	\$30,486 - \$34,840	\$34,841 - UP
3	\$0 - \$21,960	\$ 21,961 - \$ 27,450	\$27,451 - \$32,940	\$32,941 - \$38,430	\$38,431 - \$43,920	\$43,921 - UP
4	\$0 - \$26,500	\$ 26,501 - \$ 33,125	\$33,126 - \$39,750	\$39,751 - \$46,375	\$46,376 - \$53,000	\$53,001 - UP
5	\$0 - \$31,040	\$ 31,041 - \$ 38,800	\$38,801 - \$46,560	\$46,561 - \$54,320	\$54,321 - \$62,080	\$62,081 - UP
6	\$0 - \$35,580	\$ 35,581 - \$ 44,475	\$44,476 - \$53,370	\$53,371 - \$62,265	\$62,266 - \$71,160	\$71,161 - UP
7	\$0 - \$40,120	\$ 40,121 - \$ 50,150	\$50,151 - \$60,180	\$60,181 - \$70,210	\$70,211 - \$80,240	\$80,241 - UP
8	\$0 - \$44,660	\$ 44,661 - \$ 55,825	\$55,826 - \$66,990	\$66,991 - \$78,155	\$78,156 - \$89,320	\$89,321 - UP

Note: For family units of more than 8 members, add \$4,540 for each additional member



Family Health Centers, Inc.
Sliding Fee Scale
Monthly Income Level
Effective January 13, 2021

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Family Size	100%	125%	150%	\$175%	200%	>200%
	Class A Pays 0%	Class B Pays 20%	CLASS C PAYS 40%	CLASS D PAYS 60%	CLASS E PAYS 80%	CLASS F PAYS 100%
1	\$0 - \$ 1,073	\$ 1,074 - \$ 1,341	\$ 1,342 - \$ 1,610	\$ 1,611 - \$ 1,878	\$ 1,879 - \$ 2,146	\$ 2,147 - UP
2	\$0 - \$ 1,452	\$ 1,453 - \$ 1,815	\$ 1,816 - \$ 2,178	\$ 2,179 - \$ 2,541	\$ 2,542 - \$ 2,904	\$ 2,905 - UP
3	\$0 - \$ 1,830	\$ 1,831 - \$ 2,288	\$ 2,289 - \$ 2,745	\$ 2,746 - \$ 3,203	\$ 3,204 - \$ 3,660	\$ 3,661 - UP
4	\$0 - \$ 2,208	\$ 2,209 - \$ 2,760	\$ 2,761 - \$ 3,312	\$ 3,313 - \$ 3,864	\$ 3,865 - \$ 4,416	\$ 4,417 - UP
5	\$0 - \$ 2,587	\$ 2,588 - \$ 3,234	\$ 3,235 - \$ 3,881	\$ 3,882 - \$ 4,527	\$ 4,528 - \$ 5,174	\$ 5,175 - UP
6	\$0 - \$ 2,965	\$ 2,966 - \$ 3,706	\$ 3,707 - \$ 4,448	\$ 4,449 - \$ 5,189	\$ 5,190 - \$ 5,930	\$ 5,931 - UP
7	\$0 - \$ 3,343	\$ 3,344 - \$ 4,179	\$ 4,180 - \$ 5,015	\$ 5,016 - \$ 5,850	\$ 5,851 - \$ 6,686	\$ 6,687 - UP
8	\$0 - \$ 3,722	\$ 3,723 - \$ 4,653	\$ 4,654 - \$ 5,583	\$ 5,584 - \$ 6,514	\$ 6,515 - \$ 7,444	\$ 7,445 - UP

Note: For family units of more than 8 members, add \$378.33 for each additional member



Family Health Centers, Inc.
Sliding Fee Scale
Bi-Weekly Income Level
Effective January 13, 2021

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.

Family Size	100% Class A Pays 0%	125% Class B Pays 20%	150% CLASS C PAYS 40%	\$175% CLASS D PAYS 60%	200% CLASS E PAYS 80%	>200% CLASS F PAYS 100%
1	\$0 - \$ 495	\$ 496 - \$ 619	\$ 620 - \$ 743	\$ 744 - \$ 867	\$ 868 - \$ 991	\$ 992 - UP
2	\$0 - \$ 670	\$ 671 - \$ 838	\$ 839 - \$ 1,005	\$ 1,006 - \$ 1,173	\$ 1,174 - \$ 1,340	\$ 1,341 - UP
3	\$0 - \$ 845	\$ 846 - \$ 1,056	\$ 1,057 - \$ 1,267	\$ 1,268 - \$ 1,478	\$ 1,479 - \$ 1,689	\$ 1,690 - UP
4	\$0 - \$ 1,019	\$ 1,020 - \$ 1,274	\$ 1,275 - \$ 1,529	\$ 1,530 - \$ 1,784	\$ 1,785 - \$ 2,038	\$ 2,039 - UP
5	\$0 - \$ 1,194	\$ 1,195 - \$ 1,492	\$ 1,493 - \$ 1,791	\$ 1,792 - \$ 2,089	\$ 2,090 - \$ 2,388	\$ 2,389 - UP
6	\$0 - \$ 1,368	\$ 1,369 - \$ 1,711	\$ 1,712 - \$ 2,053	\$ 2,054 - \$ 2,395	\$ 2,396 - \$ 2,737	\$ 2,738 - UP
7	\$0 - \$ 1,543	\$ 1,544 - \$ 1,929	\$ 1,930 - \$ 2,315	\$ 2,316 - \$ 2,700	\$ 2,701 - \$ 3,086	\$ 3,087 - UP
8	\$0 - \$ 1,718	\$ 1,719 - \$ 2,147	\$ 2,148 - \$ 2,577	\$ 2,578 - \$ 3,006	\$ 3,007 - \$ 3,435	\$ 3,436 - UP

Note: For family units of more than 8 members, add \$174.62 for each additional member



Family Health Centers, Inc.
Sliding Fee Scale
Weekly Income Level
Effective January 13, 2021

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Family Size	100%	125%	150%	\$175%	200%	>200%
	Class A Pays 0%	Class B Pays 20%	CLASS C PAYS 40%	CLASS D PAYS 60%	CLASS E PAYS 80%	CLASS F PAYS 100%
1	\$0 - \$ 248	\$ 249 - \$ 310	\$ 311 - \$ 372	\$ 373 - \$ 433	\$ 434 - \$ 495	\$ 496 - UP
2	\$0 - \$ 335	\$ 336 - \$ 419	\$ 420 - \$ 503	\$ 504 - \$ 586	\$ 587 - \$ 670	\$ 671 - UP
3	\$0 - \$ 422	\$ 423 - \$ 528	\$ 529 - \$ 633	\$ 634 - \$ 739	\$ 740 - \$ 845	\$ 846 - UP
4	\$0 - \$ 510	\$ 511 - \$ 637	\$ 638 - \$ 764	\$ 765 - \$ 892	\$ 893 - \$ 1,019	\$ 1,020 - UP
5	\$0 - \$ 597	\$ 598 - \$ 746	\$ 747 - \$ 895	\$ 896 - \$ 1,045	\$ 1,046 - \$ 1,194	\$ 1,195 - UP
6	\$0 - \$ 684	\$ 685 - \$ 855	\$ 856 - \$ 1,026	\$ 1,027 - \$ 1,197	\$ 1,198 - \$ 1,368	\$ 1,369 - UP
7	\$0 - \$ 772	\$ 773 - \$ 964	\$ 965 - \$ 1,157	\$ 1,158 - \$ 1,350	\$ 1,351 - \$ 1,543	\$ 1,544 - UP
8	\$0 - \$ 859	\$ 860 - \$ 1,074	\$ 1,075 - \$ 1,288	\$ 1,289 - \$ 1,503	\$ 1,504 - \$ 1,718	\$ 1,719 - UP

Note: For family units of more than 8 members, add \$87.31 for each additional member