

SHWC SLIDING FEE SCALE

Federal Register **Medical & Counseling**

2023 Guidelines

Additional **5,140**

Nominal

150% OF
POVERTY

# IN FAMILY	A		B		C		D		E		F		
	\$ 20.00		\$ 30.00		\$ 60.00		\$ 90.00		\$ 120.00		No Min		
	0%		20%		40%		60%		80%		100%		
	< <100% >		<101-125%>		<126-150%>		<151-175%>		<176-200%>		< >200% >		
1	0	14,581	18,226	21,871	25,516	29,161							
	14,580	18,225	21,870	25,515	29,160	29,161							
2	0	19,721	24,651	29,581	34,511	39,441							
	19,720	24,650	29,580	34,510	39,440	39,441							
3	0	24,861	31,076	37,291	43,506	49,721							
	24,860	31,075	37,290	43,505	49,720	49,721							
4	0	30,001	37,501	45,001	52,501	60,001							
	30,000	37,500	45,000	52,500	60,000	60,001							
5	0	35,141	43,926	52,711	61,496	70,281							
	35,140	43,925	52,710	61,495	70,280	70,281							
6	0	40,281	50,351	60,421	70,491	80,561							
	40,280	50,350	60,420	70,490	80,560	80,561							
7	0	45,421	56,776	68,131	79,486	90,841							
	45,420	56,775	68,130	79,485	90,840	90,841							
8	0	50,561	63,201	75,841	88,481	101,121							
	50,560	63,200	75,840	88,480	101,120	101,121							
340B	Level I		Level II			Level III			Level IV				

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

For each additional family member over 8 add **\$5,140**. 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 **\$23** if at Level A, **B \$24, C \$25, D \$26, E \$27, F\$28**, 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.**