



CAMILLUS HEALTH CONCERN
GOOD SHEPHERD HEALTH CENTER

SLIDING FEE POLICY FOR PATIENTS

It is the goal of Camillus Health Concern, Good Shepherd Health Center, to charge patients according to their ability to pay. Patients who have either no third party insurance or inadequate coverage will be placed on a sliding fee scale according to family size and proof of income.

This fee scale is based on the Department of Health and Human Services Poverty Guidelines, published yearly. Updated guidelines can be obtained from the Census Bureau or via the website <https://aspe.hhs.gov/poverty-guidelines>.

Income of all existing sliding scale patients are verified during the new patient registration process and annually thereafter. Changes in family size and income are noted in CHC's Financial Assessment form. **No one is refused service due to inability to pay.**

Family Size	0% -	101.00% -	126.00% -	151.00% -	176.00% -	Over	
	100.00% A	125.00% B	150.00% C	175.00% D	200.00% E	200.00% F	
1	12,060	15,075	18,090	21,105	24,120	24,121	
2	16,240	20,300	24,360	28,420	32,480	32,481	
3	20,420	25,525	30,630	35,735	40,840	40,841	
4	24,600	30,750	36,900	43,050	49,200	49,201	
5	28,780	35,975	43,170	50,365	57,560	57,561	
6	32,960	41,200	49,440	57,680	65,920	65,921	
7	37,140	46,425	55,710	64,995	74,280	74,281	
8	41,320	51,650	61,980	72,310	82,640	82,641	
9	45,550	56,938	68,325	79,713	91,100	91,101	
10	49,680	62,100	74,520	86,940	99,360	99,361	
Add	Add \$4,180 per person for families above 8						

Appt Class Patient Due	0% - 100.00% A	101.00% - 125.00% B	126.00% - 150.00% C	151.00% - 175.00% D	176.00% - 200.00% E	Over 200.00% F
Medical	\$ -	\$ 5.00	\$ 10.00	\$ 15.00	\$ 20.00	No discount
Behavioral	\$ -	\$ 5.00	\$ 10.00	\$ 15.00	\$ 20.00	No discount
Dental	\$ -	\$ 10.00	\$ 20.00	\$ 30.00	\$ 40.00	No discount

Note: Amounts to be reviewed and approved by The Board of Directors yearly according to Federal Poverty Guidelines.