



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.**

	0% - 100.00%	101.00% - 125.00%	126.00% - 150.00%	151.00% - 175.00%	176.00% - 200.00%	Over 200.00%
Family Size	A	B	C	D	E	F
1	12,140	15,175	18,210	21,245	24,280	24,281
2	16,460	20,575	24,690	28,805	32,920	32,921
3	20,780	25,975	31,170	36,365	41,560	41,561
4	25,100	31,375	37,650	43,925	50,200	50,201
5	29,420	36,775	44,130	51,485	58,840	58,841
6	33,740	42,175	50,610	59,045	67,480	67,481
7	38,060	47,575	57,090	66,605	76,120	76,121
8	42,380	52,975	63,570	74,165	84,760	84,761
9	46,700	58,375	70,050	81,725	93,400	93,401
10	51,020	63,775	76,530	89,285	102,040	102,041
Add	Add \$4,320 per person for families above 8					

Appt Class Patient Due	0% - 100.00%	101.00% - 125.00%	126.00% - 150.00%	151.00% - 175.00%	176.00% - 200.00%	Over 200.00%
	A	B	C	D	E	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.**