



CAMILLUS HEALTH CONCERN
dba GOOD SHEPHERD HEALTH CENTER

SLIDING FEE SCHEDULE FOR PATIENTS

It is the goal of **Camillus Health Concern, Good Shepherd Health Center**, to charge patients according to their ability to pay.

A patients' portion to pay is determined based on a discounted/sliding fee schedule which offers a discount, based on annual income and family size.

The *Sliding Fee Schedule* is revised and published annually by the *Department of Health and Human Services Poverty Guidelines* and can be obtained from the *Census Bureau* or via the website: <https://aspe.hhs.gov/poverty-guidelines>.

The eligibility of all patients receiving discounted/sliding fees schedule pricing are reassessed on an annual basis via the patient registration process, accounting for any changes in family size and income levels as reported on *CHC's Financial Assessment* form.

No one will be denied access to services due to inability to pay.

CAMILLUS HEALTH CONCERN SLIDING FEE SCALE 2023

	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	14,580	18,225	21,870	25,515	29,160	29,161
2	19,720	24,650	29,580	34,510	39,440	39,441
3	24,860	31,075	37,290	43,505	49,720	49,721
4	30,000	37,500	45,000	52,500	60,000	60,001
5	35,140	43,925	52,710	61,495	70,280	70,281
6	40,280	50,350	60,420	70,490	80,560	80,561
7	45,420	56,775	68,130	79,485	90,840	90,841
8	50,560	63,200	75,840	88,480	101,120	101,121
Add	Add \$5,140 per person for families above 8					

Appt Class Patient Due Amount	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