



**CAMILLUS HEALTH CONCERN**

**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.

**Nominal Fee** Patients with incomes above 100% of poverty, but at or below 200% poverty will be charged a nominal fee according to the attached sliding fee schedule and based on their family size and income. However, **patients will not be denied services due to an inability to pay**. The nominal fee is not a threshold for receiving care, and thus is not a minimum fee or co-payment.

**Annual Household Income:**

	<b>0% - 100.00%</b>	<b>101.00% - 125.00%</b>	<b>126.00% - 150.00%</b>	<b>151.00% - 175.00%</b>	<b>176.00% - 200.00%</b>	<b>Over 200.00%</b>
<b>Family Size</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
<b>1</b>	15,060	18,825	22,590	26,355	30,120	30,121
<b>2</b>	20,440	25,550	30,660	35,770	40,880	40,881
<b>3</b>	25,820	32,275	38,730	45,185	51,640	51,641
<b>4</b>	31,200	39,000	46,800	54,600	62,400	62,401
<b>5</b>	36,580	45,725	54,870	64,015	73,160	73,161
<b>6</b>	41,960	52,450	62,940	73,430	83,920	83,921
<b>7</b>	47,340	59,175	71,010	82,845	94,680	94,681
<b>8</b>	52,720	65,900	79,080	92,260	105,440	105,441
Add \$5,380 per person for families above 8						

**What patients will pay with the sliding fee discount program:**

<b>Appt Class Patient Due Amount</b>	<b>0% - 100.00%</b> A	<b>101.00% - 125.00%</b> B	<b>126.00% - 150.00%</b> C	<b>151.00% - 175.00%</b> D	<b>176.00% - 200.00%</b> E	<b>Over 200.00%</b> 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*

*This health center receives HHS funding and has federal PHS deemed status with respect to certain health or health-related claims, including medical malpractice claims, for itself and its covered individuals.*