

**Team Wellness Center Sliding Fee Scale  
(Per 2021 Federal Poverty Guideline) eff. 1-1-2021**

Patient pays Percent of Bill Or Co Pay Amount Poverty Level # of Persons in Household	Category 1		Category 2		Category 3		Category 4		Category 5		Category 6	
	0 Or Flat Rate \$5.00 Up to 100%		0.1 Or Flat Rate \$10.00 Up to 125%		0.25 Or Flat Rate \$20.00 Up to 151%		0.5 Or Flat Rate \$40.00 Up to 176%		0.85 Or Flat Rate \$60.00 Up to 250%		1 Or Full Fee Up to 251% and Greater	
	<u>Maximum Yearly Household Income</u>		<u>Maximum Yearly Household Income</u>		<u>Maximum Yearly Household Income</u>		<u>Maximum Yearly Household Income</u>		<u>Maximum Yearly Household Income</u>		<u>Maximum Yearly Household Income</u>	
1	\$0.00	- \$12,880.00	\$12,881.00	- \$16,100.00	\$16,101.00	- \$19,448.80	\$19,449.80	- \$22,668.80	\$22,669.80	- \$32,200.00	\$32,201.00	- \$32,328.80
2	\$0.00	- \$17,420.00	\$16,101.00	- \$21,775.00	\$19,449.80	- \$26,304.20	\$22,669.80	- \$30,659.20	\$32,201.00	- \$43,550.00	\$32,329.80	- \$43,724.20
3	\$0.00	- \$21,960.00	\$21,776.00	- \$27,450.00	\$26,305.20	- \$33,159.60	\$30,660.20	- \$38,649.60	\$43,551.00	- \$54,900.00	\$43,725.20	- \$55,119.60
4	\$0.00	- \$26,500.00	\$27,451.00	- \$33,125.00	\$33,160.60	- \$40,015.00	\$38,650.60	- \$46,640.00	\$54,901.00	- \$66,250.00	\$55,120.60	- \$66,515.00
5	\$0.00	- \$31,040.00	\$33,126.00	- \$38,800.00	\$40,016.00	- \$46,870.40	\$46,641.00	- \$54,630.40	\$66,251.00	- \$77,600.00	\$66,516.00	- \$77,910.40
6	\$0.00	- \$35,580.00	\$38,801.00	- \$44,475.00	\$46,871.40	- \$53,725.80	\$54,631.40	- \$62,620.80	\$77,601.00	- \$88,950.00	\$77,911.40	- \$89,305.80
7	\$0.00	- \$40,120.00	\$44,476.00	- \$50,150.00	\$53,726.80	- \$60,581.20	\$62,621.80	- \$70,611.20	\$88,951.00	- \$100,300.00	\$89,306.80	- \$100,701.20
8	\$0.00	- \$44,460.00	\$50,151.00	- \$55,575.00	\$60,582.20	- \$67,134.60	\$70,612.20	- \$78,249.60	\$100,301.00	- \$111,150.00	\$100,702.20	- \$111,594.60
9	\$0.00	- \$49,000.00	\$55,576.00	- \$61,250.00	\$67,135.60	- \$73,990.00	\$78,250.60	- \$86,240.00	\$111,151.00	- \$122,500.00	\$111,595.60	- \$122,990.00
10	\$0.00	- \$53,540.00	\$61,251.00	- \$66,925.00	\$73,991.00	- \$80,845.40	\$86,241.00	- \$94,230.40	\$122,501.00	- \$133,850.00	\$122,991.00	- \$134,385.40

For additional household members add:	
\$ 4,540.00 to annual income	
\$ 360.00 to monthly income	
\$ 83.73 to weekly income	

\*This Certified Community Behavioral Health Center offers Medical Care Discounts.

\*No on will be denied services due to their inability to pay.

\*Out of pocket fees for income-eligible sliding fee patients at of below 250% FPG will be the lesser of the insurance copayment or the sliding fee charge, unless precluded by patient insurance carrier and contract.

\*Same scale applies to labs (non dental), medication and supplies.

**Qualifications:**

- 1) Family size and income range fall in Category 1-6.
- 2) Application Approved

**DENTAL:**

**Exclusion - Category 1**

*The following will be billed at actual Dental cost:*

- Dentures
- Crowns
- Bridge Work

**Exclusion - Category 2-6**

*The following will be billed at 75% of actual Dental cost:*

- Dentures
- Crowns
- Bridge Work
- Oral Surgery
- Dental Lab Fees