

**Team Wellness Center Sliding Fee Scale  
(Per 2024 Federal Poverty Guideline) eff. 1-31-2024**

Note: Demonstrating ability/inability to pay is the responsibility of the person receiving services

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	- \$15,060.00	\$15,061.00	- \$18,825.00	\$18,826.00	- \$22,740.60	\$22,741.60	- \$26,505.60	\$26,506.60	- \$37,650.00	\$37,651.00	- \$37,800.60
2	\$0.00	- \$20,440.00	\$20,441.00	- \$25,550.00	\$25,551.00	- \$30,864.40	\$30,865.40	- \$35,974.40	\$35,975.40	- \$51,100.00	\$51,101.00	- \$51,304.40
3	\$0.00	- \$25,820.00	\$25,821.00	- \$32,275.00	\$32,276.00	- \$38,988.20	\$38,989.20	- \$45,443.20	\$45,444.20	- \$64,550.00	\$64,551.00	- \$64,808.20
4	\$0.00	- \$31,200.00	\$31,201.00	- \$39,000.00	\$39,001.00	- \$47,112.00	\$47,113.00	- \$54,912.00	\$54,913.00	- \$78,000.00	\$78,001.00	- \$78,312.00
5	\$0.00	- \$36,580.00	\$36,581.00	- \$45,725.00	\$45,726.00	- \$55,235.80	\$55,236.80	- \$64,380.80	\$64,381.80	- \$91,450.00	\$91,451.00	- \$91,815.80
6	\$0.00	- \$41,960.00	\$41,961.00	- \$52,450.00	\$52,451.00	- \$63,359.60	\$63,360.60	- \$73,849.60	\$73,850.60	- \$104,900.00	\$104,901.00	- \$105,319.60
7	\$0.00	- \$47,340.00	\$47,341.00	- \$59,175.00	\$59,176.00	- \$71,483.40	\$71,484.40	- \$83,318.40	\$83,319.40	- \$118,350.00	\$118,351.00	- \$118,823.40
8	\$0.00	- \$52,720.00	\$52,721.00	- \$65,900.00	\$65,901.00	- \$79,607.20	\$79,608.20	- \$92,787.20	\$92,788.20	- \$131,800.00	\$131,801.00	- \$132,327.20
9	\$0.00	- \$58,100.00	\$58,101.00	- \$72,625.00	\$72,626.00	- \$87,731.00	\$87,732.00	- \$102,256.00	\$102,257.00	- \$145,250.00	\$145,251.00	- \$145,831.00
10	\$0.00	- \$63,480.00	\$63,481.00	- \$79,350.00	\$79,351.00	- \$95,854.80	\$95,855.80	- \$111,724.80	\$111,725.80	- \$158,700.00	\$158,701.00	- \$159,334.80

For additional household members add:	
\$ 5,380.00 to annual income	
\$ 448.33 to monthly income	
\$ 103.46 to weekly income	

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

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

\*Out of pocket fees for income-eligible sliding fee patients at or 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 75% of actual Dental cost:*

- Dentures & Removeable Partial Dentures (exception: interim, immediate, and cosmetic prostheses will be billed at actual dental cost)
- Crowns & Bridges (exception: cosmetic prostheses will be billed at actual dental cost)
- Dental lab fees (for any services covered under sliding fee)

**Exclusion - Category 2-6**

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

- Dentures & Removeable Partial Dentures
- Crowns & Bridges
- Dental lab fees (for any services covered under sliding fee)

Source: <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

1/31/2024