

**Team Wellness Center Sliding Fee Scale
(Per 2024 Federal Poverty Guideline) eff. 1-31-2024 (rev. 12/24)**

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	
	Maximum Yearly Household Income		Maximum Yearly Household Income		Maximum Yearly Household Income		Maximum Yearly Household Income		Maximum Yearly Household Income		Maximum Yearly Household Income	
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

The amount for each additional household member on the sliding fee scale, will increase based on the percentage of the Federal Poverty Guidelines (FPG), meaning the cost adjustment for each extra family member is calculated relative to the overall income level based on the poverty guidelines.

Based on the above: 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 ACCESS TO SERVICES DUE TO INABILITY TO PAY; AND THERE IS A DISCOUNTED/SLIDING FEE SCHEDULE BASED ON FAMILY SIZE AND INCOME**

*Out of pocket fees for income-eligible sliding fee patients at or below 250% FPG will be the lessor 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