

**Team Wellness Center Sliding Fee Scale
(Per 2022 Federal Poverty Guideline) eff. 1-1-2022**

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	- \$13,590.00	\$13,591.00	- \$16,987.50	\$16,988.50	- \$20,520.90	\$20,521.90	- \$23,918.40	\$23,919.40	- \$33,975.00	\$33,976.00	- \$34,110.90
2	\$0.00	- \$18,310.00	\$18,311.00	- \$22,887.50	\$22,888.50	- \$27,648.10	\$27,649.10	- \$32,225.60	\$32,226.60	- \$45,775.00	\$45,776.00	- \$45,958.10
3	\$0.00	- \$20,030.00	\$20,031.00	- \$25,037.50	\$25,038.50	- \$30,245.30	\$30,246.30	- \$35,252.80	\$35,253.80	- \$50,075.00	\$50,076.00	- \$50,275.30
4	\$0.00	- \$27,750.00	\$27,751.00	- \$34,687.50	\$34,688.50	- \$41,902.50	\$41,903.50	- \$48,840.00	\$48,841.00	- \$69,375.00	\$69,376.00	- \$69,652.50
5	\$0.00	- \$32,470.00	\$32,471.00	- \$40,587.50	\$40,588.50	- \$49,029.70	\$49,030.70	- \$57,147.20	\$57,148.20	- \$81,175.00	\$81,176.00	- \$81,499.70
6	\$0.00	- \$37,190.00	\$37,191.00	- \$46,487.50	\$46,488.50	- \$56,156.90	\$56,157.90	- \$65,454.40	\$65,455.40	- \$92,975.00	\$92,976.00	- \$93,346.90
7	\$0.00	- \$41,910.00	\$41,911.00	- \$52,387.50	\$52,388.50	- \$63,284.10	\$63,285.10	- \$73,761.60	\$73,762.60	- \$104,775.00	\$104,776.00	- \$105,194.10
8	\$0.00	- \$46,630.00	\$46,631.00	- \$58,287.50	\$58,288.50	- \$70,411.30	\$70,412.30	- \$82,068.80	\$82,069.80	- \$116,575.00	\$116,576.00	- \$117,041.30
9	\$0.00	- \$51,350.00	\$51,351.00	- \$64,187.50	\$64,188.50	- \$77,538.50	\$77,539.50	- \$90,376.00	\$90,377.00	- \$128,375.00	\$128,376.00	- \$128,888.50
10	\$0.00	- \$56,070.00	\$56,071.00	- \$70,087.50	\$70,088.50	- \$84,665.70	\$84,666.70	- \$98,683.20	\$98,684.20	- \$140,175.00	\$140,176.00	- \$140,735.70

For additional household members add:	
\$ 4,720.00 to annual income	
\$ 394.00 to monthly income	
\$ 91.00 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)