

KONZA
P R A I R I E
**Community Health
Center**

PROCEDURE: For those patients who express concern about their ability to pay, the following discounted payment schedule is available.

There is a mandatory nominal fee for all patients who qualify for the sliding scale at the time of the visit (\$20.00 for medical-\$60.00 for dental). If a patient is not sliding B then he or she will be responsible for the charges billed based on the status of their sliding fee; C, D, E or F as annotated below.

ANNUAL

Income Level	<100%	101-150%	151-175%	176-200%	200%>
% Owed	Nominal Fee	25%	50%	75%	100%
MAXIMUM ANNUAL INCOME					
Family Size	B	C	D	E	F
1	\$12,760	\$19,140	\$22,330	\$25,520	\$25,521+
2	\$17,240	\$25,860	\$30,170	\$34,480	\$34,481+
3	\$21,720	\$32,580	\$38,010	\$43,440	\$43,441+
4	\$26,200	\$39,300	\$45,850	\$52,400	\$52,401+
5	\$30,680	\$46,020	\$53,690	\$61,360	\$61,361+
6	\$35,160	\$52,740	\$61,530	\$70,320	\$70,321+
7	\$39,640	\$59,460	\$69,370	\$79,280	\$79,281+
8	\$44,120	\$66,180	\$77,210	\$88,240	\$88,241+

Add \$4,480.00 for each additional person in family

MONTHLY

Income Level	<100%	101-150%	151-175%	176-200%	200%>
% Owed	Nominal Fee	25%	50%	75%	100%
MAXIMUM MONTHLY INCOME					
Family Size	B	C	D	E	F
1	\$1,063	\$1,595	\$1,861	\$2,127	\$2,128+
2	\$1,437	\$2,155	\$2,514	\$2,873	\$2,874+
3	\$1,810	\$2,715	\$3,168	\$3,620	\$3,621+
4	\$2,183	\$3,275	\$3,821	\$4,367	\$4,368+
5	\$2,557	\$3,835	\$4,474	\$5,113	\$5,114+
6	\$2,930	\$4,395	\$5,128	\$5,860	\$5,861+
7	\$3,303	\$4,955	\$5,781	\$6,607	\$6,608+
8	\$3,677	\$5,515	\$6,434	\$7,353	\$7,354+

Add \$374.00 for each additional person in family

Effective Date: February 28th, 2020

Patient's Name _____ DOB _____ Sex _____

The slide fee scale you are on is _____ The expiration date of your sliding scale is _____