

KONZA PRAIRIE Community Health Center

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

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. Patients referred to outside services will be responsible for the actual cost.

ANNUAL

Income Level	<100%	101-150%	151-200%	201-250%	>250%
% Owed	0	25%	50%	75%	100%
MAXIMUM ANNUAL INCOME					
Family Size	B	C	D	E	F
1	\$12,880	\$19,320	\$25,760	\$32,200	\$32,201+
2	\$17,420	\$26,130	\$34,840	\$43,550	\$43,551+
3	\$21,960	\$32,940	\$43,920	\$54,900	\$54,901+
4	\$26,500	\$39,750	\$53,000	\$66,250	\$66,251+
5	\$31,040	\$46,650	\$62,080	\$77,600	\$77,601+
6	\$35,580	\$53,370	\$71,160	\$88,950	\$88,951+
7	\$40,120	\$60,180	\$80,240	\$100,300	\$100,301+
8	\$44,660	\$66,990	\$89,320	\$111,650	\$111,651+

Add \$4,540.00 for each additional person in family

MONTHLY

Income Level	<100%	101-150%	151-200%	201-250%	>250%
% Owed	0	25%	50%	75%	100%
MAXIMUM MONTHLY INCOME					
Family Size	B	C	D	E	F
1	\$1,073	\$1,610	\$2,147	\$2,147	\$2,684+
2	\$1,452	\$2,178	\$2,903	\$3,629	\$3,630+
3	\$1,830	\$2,745	\$3,660	\$4,575	\$4,576+
4	\$2,208	\$3,313	\$4,417	\$5,521	\$5,522+
5	\$2,587	\$3,880	\$5,173	\$6,467	\$6,468+
6	\$2,965	\$4,448	\$5,930	\$7,413	\$7,414+
7	\$3,343	\$5,015	\$6,687	\$8,358	\$8,359+
8	\$3,722	\$5,583	\$7,443	\$9,304	\$9,305+

Add \$378.33 for each additional person in family

Effective Date: February 26th, 2021

Patient's Name _____ DOB _____ Sex _____

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