

# KONZA PRAIRIE 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-\$50.00 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	0	25%	50%	75%	100%
MAXIMUM ANNUAL INCOME					
Family Size	B	C	D	E	F
1	\$12,880	\$19,320	\$22,540	\$25,760	\$25,761+
2	\$17,420	\$26,130	\$30,485	\$34,840	\$34,841+
3	\$21,960	\$32,940	\$38,430	\$43,920	\$43,921+
4	\$26,500	\$39,750	\$46,375	\$53,000	\$53,001+
5	\$31,040	\$46,650	\$54,320	\$62,080	\$62,081+
6	\$35,580	\$53,370	\$62,265	\$71,160	\$71,161+
7	\$40,120	\$60,180	\$70,210	\$80,240	\$80,241+
8	\$44,660	\$66,990	\$78,155	\$89,320	\$89,321+

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

**MONTHLY**

Income Level	<100%	101-150%	151-175%	176-200%	200%>
% Owed	0	25%	50%	75%	100%
MAXIMUM MONTHLY INCOME					
Family Size	B	C	D	E	F
1	\$1,073	\$1,610	\$1,878	\$2,147	\$2,148+
2	\$1,452	\$2,178	\$2,540	\$2,903	\$2,904+
3	\$1,830	\$2,745	\$3,203	\$3,660	\$3,661+
4	\$2,208	\$3,313	\$3,865	\$4,417	\$4,418+
5	\$2,587	\$3,880	\$4,527	\$5,173	\$5,174+
6	\$2,965	\$4,448	\$5,189	\$5,930	\$5,931+
7	\$3,343	\$5,015	\$5,851	\$6,687	\$6,688+
8	\$3,722	\$5,583	\$6,513	\$7,443	\$7,444+

Add \$378.33 for each additional person in family

Effective Date: February 26<sup>th</sup>, 2021

Patient's Name \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_

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