

HealthLinc

2019 Sliding Fee Scale for Uninsured Patients- Board Approval 2-18-19

Based on the Patient's Household Size and Annual Income and the 2019 Federal Poverty Level (FPL)

Number of People in Patient's Household	Up to 100% FPL	101% - 150% FPL	151% - 185% FPL	186% - 200% FPL	Over 200% FPL
1	\$12,490	\$18,735	\$23,107	\$24,980	\$24,981
2	\$16,910	\$25,365	\$31,284	\$33,820	\$33,821
3	\$21,330	\$31,995	\$39,461	\$42,660	\$42,661
4	\$25,750	\$38,625	\$47,638	\$51,500	\$51,501
5	\$30,170	\$45,255	\$55,815	\$60,340	\$60,341
6	\$34,590	\$51,885	\$63,992	\$69,180	\$69,181
7	\$39,010	\$58,515	\$72,169	\$78,020	\$78,021
8	\$43,430	\$65,145	\$80,346	\$86,860	\$86,861
For each additional person, add:	\$4,420	\$6,630	\$8,177	\$8,840	\$8,841
MEDICAL Sliding Fee	\$20.00	25% of full charges	50% of full charges	75% of full charges	100% of full charges
Behavior Health Counselor (BHC) Sliding Fee per Visit	\$5.00	\$10.00	\$15.00	\$20.00	\$25.00
DENTAL Sliding Fee	\$20.00 (Level A)	Level B	Level C	Level D	100% of full charges (Level E)