E. A. HAWSE HEALTH CENTER, INC.
SLIDING FEE SCHEDULE - EFFECTIVE 3/1/2016

3/16/16

Sliding Fee Amount by **household** income

HOUSEHOLD MEMBERS	Up to 100% Poverty Level You Pay: $15 - Medical $25 - Dental "A"	101% - 120% Poverty Level You Pay: 15% Medical & Dental "B"	121% - 140% Poverty Level You Pay: 30% Medical & Dental "C"	141% - 160% Poverty Level You Pay: 45% Medical & Dental "D"	161% - 180% Poverty Level You Pay: 60% Medical & Dental "E"	180% - 200% Poverty Level You Pay: 75% Medical & Dental "F"	200%+ Poverty Level You Pay: 100% Medical & Dental "G"
FAMILY INCOME LEVELS 1	0 - 11,880	11,881 - 14,256	14,257 - 16,632	16,633 - 19,008	19,009 - 21,384	21,385 - 23,760	23,761
2	0 - 16,020	16,021 - 19,224	19,225 - 22,428	22,429 - 25,632	25,633 - 28,836	28,837 - 32,040	32,041
3	0 - 20,160	20,161 - 24,192	24,193 - 28,224	28,225 - 32,256	32,257 - 36,288	36,289 - 40,320	40,321
4	0 - 24,300	24,301 - 29,160	29,161 - 34,020	34,021 - 38,880	38,881 - 43,740	43,741 - 48,600	48,601
5	0 - 28,440	28,441 - 34,128	34,129 - 39,816	39,817 - 45 504	45,505 - 51,192	51,193 - 56,880	56,881
6	0 - 32,580	32,581 - 39,096	39,097 - 45,612	45,613 - 52,128	52,129 - 58,644	58,645 - 65,160	65,161
7	0 - 36,730	36,731 - 44,076	44,077 - 51,422	51,423 - 58,768	58,769 - 66,114	66,115 - 73,460	73,461
8	0 - 40,890	40,891 - 49,068	49,069 - 57,246	57,247 - 65,424	65,425 - 73,602	73,603 - 81,780	81,781

For families and households with more than 8 people, add $4,160 for each additional person

No patient will be denied health care services due to an individual's inability to pay for services. Proof of your total family income is requred for EAHHC slidng fee scale. A copy of your federal tax return should be used as proof of income. Social Security letter, public assistance checks, alimony and child support agreements are all acceptable forms of proof of income. Dependents living in the household must be verified. Parents should provide a copy of their children's social security card or birth certificate. Health center services are treated differently within the sliding fee policy. Restrictions do apply for some services.

Example 1: If you are married and have 2 children, the total household members would be "4". If your total household income is $23,000 per year you would qualify for sliding scale "A" which means you pay $15 total for your medical office visit including lab and x-ray fees and behavioral health office visit. For dental you pay $25 for your office visit plus any dental labs at health center cost.

Example 2: If you are a single parent and have 5 children, the total household members would be "6". If your total household income is $48,000 per year, you would qualify for sliding scale "D" which means you pay 45% of your office visit charge for medical, behavioral health and dental. You pay 100% for any dental labs and 45% for any medical labs and x-ray.

Example3: If you are married and have 3 children, the total household members would be "5". If your total household income is $57,000 per year, you would not qualify for sliding fee which means you pay 100% of all charges for medical, dental and behavioral health.