

Health West

Medical / Behavioral / Dental Health Services

Sliding Fee Schedule - 2024

	FPL = <100%	101% - 150%	151% - 175%	176% - 200%	>200%
Slide	"A" Nominal Fee \$20.00	"B" \$35.00	"C" \$55.00	"D" \$80.00	"E" 100% (Full Fee)
Family Size					
1	\$15,060	\$15,061 - \$22,590	\$22,591 - \$26,355	\$26,356 - \$30,120	\$30,121
2	\$20,440	\$20,441 - \$30,660	\$30,661 - \$35,770	\$35,771 - \$40,880	\$40,881
3	\$25,820	\$25,821 - \$38,730	\$38,731 - \$45,185	\$45,186 - \$51,640	\$51,641
4	\$31,200	\$31,201 - \$46,800	\$46,801 - \$54,600	\$54,601 - \$62,400	\$62,401
5	\$36,580	\$36,581 - \$54,870	\$54,871 - \$64,015	\$64,016 - \$73,160	\$73,161
6	\$40,280	\$40,281 - \$60,420	\$60,421 - \$70,490	\$70,491 - \$80,560	\$80,561
7	\$47,340	\$47,341 - \$71,010	\$71,011 - \$82,845	\$82,846 - \$94,680	\$94,681
8	\$52,720	\$52,721 - \$79,080	\$79,081 - \$92,260	\$92,261 - \$105,440	\$105,441

For family/households with more than 8 persons, add \$5,380 for each additional person

Nominal Fee: \$20.00 per office visit

*Procedures are in place to help patients who are below 100% of the Federal Poverty Level and cannot afford the nominal fee.

Effective 01-11-2024