

**Peoples Community Health Clinic  
2021-2022 Sliding Fee Schedule MEDICAL and DENTAL**

Approved: February 1, 2021  
Effective: February 1, 2021

Patients will be asked to pay their nominal fee, sliding fee amount, or their insurance copay at the time of service. Patients will be billed for any remaining balance based on their insurance or sliding fee category.

**Monthly Income**

Payment	Pay Nominal Charge	Sliding Fee Amount	Sliding Fee Amount	Sliding Fee Amount	Pay 100%	Pay 100%
Medical Fee	Medical \$10	Medical \$15	Medical \$20	Medical \$25	Medical \$35	Medical \$50
Dental Fee	Dental \$20	Dental \$25	Dental \$30	Dental \$35	Dental \$35	Dental \$50
Pay Type	B	C	D	E	SP	SP
Poverty Level	0-100	101-150	151-175	176-200	Over 200 Declared	Over 200 Unknown
Family Size						
1	\$ 1,073	\$ 1,074 -1610	\$ 1,611 -1878	\$ 1,878 -2147	\$ 2,148	\$ 2,148
2	\$ 1,452	\$ 1,453 -2178	\$ 2,179 -2540	\$ 2,542 -2903	\$ 2,904	\$ 2,904
3	\$ 1,830	\$ 1,831 -2745	\$ 2,746 -3203	\$ 3,204 -3660	\$ 3,661	\$ 3,661
4	\$ 2,208	\$ 2,209 -3313	\$ 3,314 -3865	\$ 3,865 -4417	\$ 4,418	\$ 4,418
5	\$ 2,587	\$ 2,588 -3880	\$ 3,881 -4527	\$ 4,528 -5173	\$ 5,174	\$ 5,174
6	\$ 2,965	\$ 2,966 -4448	\$ 4,449 -5189	\$ 5,190 -5930	\$ 5,931	\$ 5,931
7	\$ 3,343	\$ 3,344 -5015	\$ 5,016 -5851	\$ 5,851 -6687	\$ 6,688	\$ 6,688
8	\$ 3,722	\$ 3,723 -5583	\$ 5,584 -6513	\$ 6,514 -7443	\$ 7,444	\$ 7,444
9	\$ 4,100	\$ 4,101 -6150	\$ 6,151 -7175	\$ 7,176 -8200	\$ 8,201	\$ 8,201
10	\$ 4,478	\$ 4,479 -6718	\$ 6,719 -7837	\$ 7,837 -8957	\$ 8,958	\$ 8,958
11	\$ 4,857	\$ 4,858 -7285	\$ 7,286 -8499	\$ 8,500 -9713	\$ 9,714	\$ 9,714
12	\$ 5,235	\$ 5,236 -7853	\$ 7,854 -9161	\$ 9,162 -10470	\$ 10,471	\$ 10,471
13	\$ 5,613	\$ 5,614 -8420	\$ 8,421 -9823	\$ 9,823 -11227	\$ 11,228	\$ 11,228
14	\$ 5,992	\$ 5,993 -8988	\$ 8,989 -10485	\$ 10,487 -11983	\$ 11,984	\$ 11,984
15	\$ 6,370	\$ 6,371 -9555	\$ 9,556 -11148	\$ 11,149 -12740	\$ 12,741	\$ 12,741

**Yearly Income**

Payment	Pay Nominal Charge	Sliding Fee Amount	Sliding Fee Amount	Sliding Fee Amount	Pay 100%	Pay 100%
Medical Fee	Medical \$10	Medical \$15	Medical \$20	Medical \$25	Medical \$35	Medical \$50
Dental Fee	Dental \$20	Dental \$25	Dental \$30	Dental \$35	Dental \$35	Dental \$50
Pay Type	B	C	D	E	SP	SP
Poverty Level	0-100	101-150	151-175	176-200	Over 200 Declared	Over 200 Unknown
Family Size						
1	\$ 12,880	\$ 12,881 -19,320	\$ 19,321 -22,540	\$ 22,541 -25,760	\$ 25,761	\$ 25,761
2	\$ 17,420	\$ 17,421 -26,130	\$ 26,131 -30,485	\$ 30,486 -34,840	\$ 34,841	\$ 34,841
3	\$ 21,960	\$ 21,961 -32,940	\$ 32,941 -38,430	\$ 38,431 -43,920	\$ 43,921	\$ 43,921
4	\$ 26,500	\$ 26,501 -39,750	\$ 39,751 -46,375	\$ 46,376 -53,000	\$ 53,001	\$ 53,001
5	\$ 31,040	\$ 31,041 -46,560	\$ 46,561 -54,320	\$ 54,321 -62,080	\$ 62,081	\$ 62,081
6	\$ 35,580	\$ 35,581 -53,370	\$ 53,371 -62,265	\$ 62,266 -71,160	\$ 71,161	\$ 71,161
7	\$ 40,120	\$ 40,121 -60,180	\$ 60,181 -70,210	\$ 70,211 -80,240	\$ 80,241	\$ 80,241
8	\$ 44,660	\$ 44,661 -66,990	\$ 66,991 -78,155	\$ 78,156 -89,320	\$ 89,321	\$ 89,321
9	\$ 49,200	\$ 49,201 -73,800	\$ 73,801 -86,100	\$ 86,101 -98,400	\$ 98,401	\$ 98,401
10	\$ 53,740	\$ 53,741 -80,610	\$ 80,611 -94,045	\$ 94,046 -107,480	\$ 107,481	\$ 107,481
11	\$ 58,280	\$ 58,281 -87,420	\$ 87,421 -101,990	\$ 101,991 -116,560	\$ 116,561	\$ 116,561
12	\$ 62,820	\$ 62,821 -94,230	\$ 94,231 -109,935	\$ 109,936 -125,640	\$ 125,641	\$ 125,641
13	\$ 67,360	\$ 67,361 -101,040	\$ 101,041 -117,880	\$ 117,881 -134,720	\$ 134,721	\$ 134,721
14	\$ 71,900	\$ 71,901 -107,850	\$ 107,851 -125,825	\$ 125,826 -143,800	\$ 143,801	\$ 143,801
15	\$ 76,440	\$ 76,441 -114,660	\$ 114,661 -133,770	\$ 133,771 -152,880	\$ 152,881	\$ 152,881