

# Desert Sage Health Centers 2018 Sliding Fee Schedule

## \* CO-PAYMENTS AND NOMINAL FEE DUE AT TIME OF SERVICE \*

	Discount	Discount	Discount	Discount	Discount
	100%	75%	50%	25%	0%
	100%	75%	50%	25%	0%
	100%	75%	50%	25%	0%
	100%	60%	40%	20%	0%
	Income Range	Income Range	Income Range	Income Range	Income Range
Family Size	Below 100% Poverty	135%	150%	200%	> 200%
1	0 – 12,140	12,140 – 16,389	16,389 – 18,210	18,210 – 24,280	24,280
2	0 – 16,460	16,460 – 22,221	22,221 – 24,690	24,690 – 32,920	32,920
3	0 – 20,780	20,780 – 28,053	28,053 – 31,170	31,170 – 41,560	41,560
4	0 – 25,100	25,100 – 33,885	33,885 – 37,650	37,650 – 50,200	50,200
5	0 – 29,420	29,420 – 39,717	39,717 – 44,130	44,130 – 58,840	58,840
6	0 – 33,740	33,740 – 45,549	45,549 – 50,610	50,610 – 67,480	67,480
7	0 – 38,060	38,060 – 51,381	51,381 – 57,090	57,090 – 76,120	76,120
8	0 – 42,380	42,380 – 57,213	57,213 – 63,570	63,570 – 84,760	84,760
9	0 – 46,700	46,700 – 63,045	63,045 – 70,050	70,050 – 93,400	93,400
10	0 – 51,020	51,020 – 68,877	68,877 – 76,530	76,530 – 102,040	102,040
11	0 – 55,340	55,340 – 74,709	74,709 – 83,010	83,010 – 110,680	110,680
12	0 – 59,660	59,660 – 80,541	80,541 – 89,490	89,490 – 119,320	119,320
13	0 – 63,980	63,980 – 86,373	86,373 – 95,970	95,970 – 127,960	127,960

Income levels are based on the 2018 Federal Poverty Guidelines.

Each additional person, add \$4,320

### Nominal Fees

Medical \$20 plus the cost of supplies.

### Dental

Preventive \$35 plus the cost of supplies.

Basic \$35 plus the cost of supplies

Elective \$45 plus the cost of supplies

The cost of supplies that are related to but not incidental to the visit are provided to the patient in advance. An example of a supply may be external lab work, a medical boot, crowns or dentures.

**To participate in the sliding fee program and to learn more about eligibility ask any staff member for a Reduced Fee Application.**