

Coastal Family Health Center, Inc  
Sliding Fee Scale

Effective Date: 04/01/2018

Based on 2018 HHS Federal Poverty Guidelines (FPG) issued January 18, 2018

	Nominal Fee		101 % - 125% FPG		126 % - 150% FPG		151% - 200% FPG		Over 200% FPG	
	100% and below FPG	100% discount	75% discount		50% discount		25% discount		No discount	
1 person household	less than	\$12,140	\$12,140	- \$15,175	\$15,176	- \$18,210	\$18,211	- \$24,280	greater than	\$24,280
2 person household	less than	\$16,460	\$16,460	- \$20,575	\$20,576	- \$24,690	\$24,691	- \$32,920	greater than	\$32,920
3 person household	less than	\$20,780	\$20,780	- \$25,975	\$25,976	- \$31,170	\$31,171	- \$41,560	greater than	\$41,560
4 person household	less than	\$25,100	\$25,100	- \$31,375	\$31,376	- \$37,650	\$37,651	- \$50,200	greater than	\$50,200
5 person household	less than	\$29,420	\$29,420	- \$36,775	\$36,776	- \$44,130	\$44,131	- \$58,840	greater than	\$58,840
6 person household	less than	\$33,740	\$33,740	- \$42,175	\$42,176	- \$50,610	\$50,611	- \$67,480	greater than	\$67,480
7 person household	less than	\$38,060	\$38,060	- \$47,575	\$47,576	- \$57,090	\$57,091	- \$76,120	greater than	\$76,120
8 person household	less than	\$42,380	\$42,380	- \$52,975	\$52,976	- \$63,570	\$63,571	- \$84,760	greater than	\$84,760

NOTE: For family units with more than 8 members, add \$4,320 for each additional family member

<u>Nominal Fee</u>		<u>Minimum Charges for all patients at 101% or above FPG</u>	
Medical	\$25	Medical	\$26
Optometry	\$25	Optometry	\$26
Mental Heal	\$25	Mental Health	\$26
Dental Servi	\$45	Dental Services	\$46

For visits with total charges of less than \$25, no discounts will be applied.

\*\* The nominal fee will be assessed periodically by the Board to ensure the fee is not a barrier to care.\*\*