



## Sliding Fee Schedule Notice

All patients seeking health care services at Compassion Services are assured that they will be served regardless of ability to pay. No one is refused service because of lack of financial means to pay. This program is designed to provide free or discounted care to those who have no means, or limited means, to pay for their medical services (uninsured or underinsured).

Compassion Services will offer a Sliding Fee Discount Program to all who are unable to pay for their services. Compassion Services will base program eligibility on a person's ability to pay and will not discriminate on the basis of an individual's race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity. The Federal Poverty Guidelines are used in creating and annually updating the sliding fee schedule (SFS) to determine eligibility.

| Poverty Level                   | 100%          | 125%         | 130%         | 133%         | 135%         | 138%         | 150%         | 175%         | 180%         | 185%         | 200%+       |
|---------------------------------|---------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|-------------|
| Family Size                     | Discount 100% | Discount 75% | Discount 70% | Discount 67% | Discount 65% | Discount 62% | Discount 50% | Discount 25% | Discount 20% | Discount 15% | Discount 0% |
| 1                               | \$15,060      | \$18,825     | \$19,578     | \$20,029.80  | \$20,331     | \$20,782.80  | \$22,590     | \$26,355     | \$27,108     | \$27,861     | \$30,120    |
| 2                               | \$20,440      | \$25,550     | \$26,572     | \$27,185.20  | \$27,594     | \$28,207.20  | \$30,660     | \$35,770     | \$36,792     | \$37,814     | \$40,880    |
| 3                               | \$25,820      | \$32,275     | \$33,566     | \$34,340.60  | \$34,857     | \$35,631.60  | \$38,730     | \$45,185     | \$46,476     | \$47,767     | \$51,460    |
| 4                               | \$31,200      | \$39,000     | \$40,560     | \$41,496     | \$42,120     | \$43,056     | \$46,800     | \$54,600     | \$56,160     | \$57,720     | \$62,400    |
| 5                               | \$36,580      | \$45,725     | \$47,554     | \$48,651.40  | \$49,383     | \$50,480.40  | \$54,870     | \$64,015     | \$65,844     | \$67,673     | \$73,160    |
| 6                               | \$41,960      | \$52,450     | \$54,548     | \$55,806.80  | \$56,646     | \$57,904.80  | \$62,940     | \$73,430     | \$75,528     | \$77,626     | \$83,920    |
| 7                               | \$47,340      | \$59,175     | \$61,542     | \$62,962.20  | \$63,909     | \$65,329.20  | \$71,010     | \$82,845     | \$85,212     | \$87,579     | \$94,680    |
| 8                               | \$52,720      | \$65,900     | \$68,536     | \$70,117.60  | \$71,172     | \$72,753.60  | \$79,080     | \$92,260     | \$94,896     | \$97,532     | \$105,440   |
| For each additional person, add | \$5,380       | \$6,725      | \$6,994      | \$7,155.40   | \$7,263      | \$9,424.40   | \$8,070      | \$9,415      | \$9,684      | \$9,953      | \$10,760    |



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