

**Affinity Health Center 2018  
Discounted Fee Schedule for Community Health Center Patients  
Services will not be denied due to inability to pay.**

Number in Household	Annual At or below 100%	Scale 1 - Annual Income 101% - 125% Poverty Level	Scale 2 - Annual Income 126% - 150% Poverty	Scale 3 - Annual Income 151% - 175% Poverty	Scale 4 - Annual Income 176% - 200% Poverty	Scale 5 - Annual Income Above 200% Poverty
	<b>On-Site Nominal Fee \$5.00/ Referred Services Varies by Service*</b>	<b>On-Site Co-payment \$10.00/ Referred Services 35% of Charges or Referral Provider Discounted Fee</b>	<b>On-Site Co-payment \$15.00/ Referred Services 50% of Charges or Referral Provider Discounted Fee</b>	<b>On-Site Co-payment \$30.00/ Referred Services 65% of Charges or Referral Provider Discounted Fee</b>	<b>On-Site Co-payment \$45.00/ Referred Services 75% of Charges or Referral Provider Discounted Fee</b>	<b>Patient Pays 100%</b>
1	\$12,140	\$12,141 - \$15,175	\$15,176 - \$18,210	\$18,211 - \$21,245	\$21,246 - \$24,280	\$24,281
2	\$16,460	\$16,461 - \$20,575	\$20,576 - \$24,690	\$24,691 - \$28,805	\$28,806 - \$32,920	\$32,921
3	\$20,780	\$20,781 - \$25,975	\$25,976 - \$31,170	\$31,171 - \$36,365	\$36,366 - \$41,560	\$41,561
4	\$25,100	\$25,101 - \$31,375	\$31,376 - \$37,650	\$37,651 - \$43,925	\$43,926 - \$50,200	\$50,201
5	\$29,420	\$29,421 - \$36,775	\$36,776 - \$44,130	\$44,131 - \$51,485	\$51,486 - \$58,840	\$58,841
6	\$33,740	\$33,741 - \$42,175	\$42,176 - \$50,610	\$50,611 - \$59,045	\$59,046 - \$67,480	\$67,481
7	\$38,060	\$38,061 - \$47,575	\$47,576 - \$57,090	\$57,091 - \$66,605	\$66,606 - \$76,120	\$76,121
8	\$42,380	\$42,381 - \$52,975	\$52,976 - \$63,570	\$63,571 - \$74,165	\$74,166 - \$84,760	\$84,761

Number in Household	Monthly Guidelines	Scale 1 - Monthly Income 101% - 125% Poverty Level	Scale 2 - Monthly Income 126% - 150% Poverty	Scale 3 - Monthly Income 151% - 175% Poverty	Scale 4 - Monthly Income 176% - 200% Poverty	Scale 5 - Monthly Income Above 200% Poverty
	<b>On-Site Nominal Fee \$5.00/ Referred Services Varies by Service*</b>	<b>On-Site Co-payment \$10.00/ Referred Services 35% of Charges or Referral Provider Discounted Fee</b>	<b>On-Site Co-payment \$15.00/ Referred Services 50% of Charges or Referral Provider Discounted Fee</b>	<b>On-Site Co-payment \$30.00/ Referred Services 65% of Charges or Referral Provider Discounted Fee</b>	<b>On-Site Co-payment \$45.00/ Referred Services 75% of Charges or Referral Provider Discounted Fee</b>	<b>Patient Pays 100%</b>
1	\$1,011.67	\$1,011.68 - \$1,264.58	\$1,264.59 - \$1,517.50	\$1,517.51 - \$1,770.42	\$1,770.43 - \$2,023.33	\$2,023.34
2	\$1,371.67	\$1,371.68 - \$1,714.58	\$1,714.59 - \$2,057.50	\$2,057.51 - \$2,400.42	\$2,400.43 - \$2,743.33	\$2,743.34
3	\$1,731.67	\$1,731.68 - \$2,164.58	\$2,164.59 - \$2,597.50	\$2,597.51 - \$3,030.42	\$3,030.43 - \$3,463.33	\$3,463.34
4	\$2,091.67	\$2,091.68 - \$2,614.58	\$2,614.59 - \$3,137.50	\$3,137.51 - \$3,660.42	\$3,660.43 - \$4,183.33	\$4,183.34
5	\$2,451.67	\$2,451.68 - \$3,064.58	\$3,064.59 - \$3,677.50	\$3,677.51 - \$4,290.42	\$4,290.43 - \$4,903.33	\$4,903.34
6	\$2,811.67	\$2,811.68 - \$3,514.58	\$3,514.59 - \$4,217.50	\$4,217.51 - \$4,920.42	\$4,920.43 - \$5,623.33	\$5,623.34
7	\$3,171.67	\$3,171.66 - \$3,964.58	\$3,964.59 - \$4,757.50	\$4,757.51 - \$5,550.42	\$5,550.43 - \$6,343.33	\$6,343.34
8	\$3,531.67	\$3,531.68 - \$4,414.58	\$4,414.59 - \$5,297.50	\$5,297.51 - \$6,180.42	\$6,180.43 - \$7,063.33	\$7,063.34

**Nominal Fees for Referred Services:** Plain Film Radiology = \$20 per x-ray or according to Referral Provider Discounted Fee Schedule; OBGYN Care = According to Referral Provider Discounted Fee Schedule.

**Income includes:** earnings, unemployment compensation, worker's compensation, Social Security, Supplemental Security Income, public assistance, veteran's payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources.

\*\* Noncash benefits (such as food stamps and housing subsidies) **do not** count.

\*\* Calculations are before taxes.

\*\* Excludes capital gains or losses

\*\*\* Based on 2018 Federal Poverty Guidelines. Additional household members are calculated at \$4,180 per person.

\*\*\* Copays are assigned to include primary care, infectious diseases, behavioral health services, on-site dental care and nutritional counseling. Copays are not charged for lab visits, PPD readings, supportive services, or prevention services. Referred services charges are for Required Services provided through written agreements as well as non-required services when applicable.

\*\*\* Any patients withholding income verification will be assigned the full pay amount.