## Discounted Fee Schedule for Medical Services for Community Health Center Patients

Services will not be denied due to inability to pay.

### 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

**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.

### Scale 1 - Annual Income
- **Number in Household**: 1
- **On-Site Nominal Fee**: $10.00/
- **Referred Services**: Varies by Service
- **Provider Discounted Fee Schedule**:
  - **101% - 125% Poverty Level**:
    - **On-Site Co-payment**: $15.00
    - **Referred Services**: $35.00
    - **Provider Discounted Fee**: 75% of Charges or Referral Provider Discounted Fee
    - **Patient Pays 100%**
  - **126% - 150% Poverty Level**:
    - **On-Site Co-payment**: $20.00
    - **Referred Services**: 75% of Charges or Referral Provider Discounted Fee
    - **Provider Discounted Fee**: 50% of Charges or Referral Provider Discounted Fee
    - **Patient Pays 100%**
  - **151% - 175% Poverty Level**:
    - **On-Site Co-payment**: $25.00
    - **Referred Services**: $30.00
    - **Provider Discounted Fee**: Patient Pays 100%
    - **Patient Pays 100%**
  - **176% - 200% Poverty Level**:
    - **On-Site Co-payment**: $30.00
    - **Referred Services**: $35.00
    - **Provider Discounted Fee**: 50% of Charges or Referral Provider Discounted Fee
    - **Patient Pays 100%**

### Scale 2 - Annual Income
- **Number in Household**: 2
- **On-Site Nominal Fee**: $10.00/
- **Referred Services**: Varies by Service
- **Provider Discounted Fee Schedule**:
  - **101% - 125% Poverty Level**:
    - **On-Site Co-payment**: $15.00
    - **Referred Services**: $35.00
    - **Provider Discounted Fee**: 75% of Charges or Referral Provider Discounted Fee
    - **Patient Pays 100%**
  - **126% - 150% Poverty Level**:
    - **On-Site Co-payment**: $20.00
    - **Referred Services**: $30.00
    - **Provider Discounted Fee**: 50% of Charges or Referral Provider Discounted Fee
    - **Patient Pays 100%**
  - **151% - 175% Poverty Level**:
    - **On-Site Co-payment**: $25.00
    - **Referred Services**: $30.00
    - **Provider Discounted Fee**: Patient Pays 100%
    - **Patient Pays 100%**
  - **176% - 200% Poverty Level**:
    - **On-Site Co-payment**: $30.00
    - **Referred Services**: $35.00
    - **Provider Discounted Fee**: 50% of Charges or Referral Provider Discounted Fee
    - **Patient Pays 100%**

### Scale 3 - Annual Income
- **Number in Household**: 3
- **On-Site Nominal Fee**: $10.00/
- **Referred Services**: Varies by Service
- **Provider Discounted Fee Schedule**:
  - **101% - 125% Poverty Level**:
    - **On-Site Co-payment**: $15.00
    - **Referred Services**: $35.00
    - **Provider Discounted Fee**: 75% of Charges or Referral Provider Discounted Fee
    - **Patient Pays 100%**
  - **126% - 150% Poverty Level**:
    - **On-Site Co-payment**: $20.00
    - **Referred Services**: $30.00
    - **Provider Discounted Fee**: 50% of Charges or Referral Provider Discounted Fee
    - **Patient Pays 100%**
  - **151% - 175% Poverty Level**:
    - **On-Site Co-payment**: $25.00
    - **Referred Services**: $30.00
    - **Provider Discounted Fee**: Patient Pays 100%
    - **Patient Pays 100%**
  - **176% - 200% Poverty Level**:
    - **On-Site Co-payment**: $30.00
    - **Referred Services**: $35.00
    - **Provider Discounted Fee**: 50% of Charges or Referral Provider Discounted Fee
    - **Patient Pays 100%**

### Scale 4 - Annual Income
- **Number in Household**: 4
- **On-Site Nominal Fee**: $10.00/
- **Referred Services**: Varies by Service
- **Provider Discounted Fee Schedule**:
  - **101% - 125% Poverty Level**:
    - **On-Site Co-payment**: $15.00
    - **Referred Services**: $35.00
    - **Provider Discounted Fee**: 75% of Charges or Referral Provider Discounted Fee
    - **Patient Pays 100%**
  - **126% - 150% Poverty Level**:
    - **On-Site Co-payment**: $20.00
    - **Referred Services**: $30.00
    - **Provider Discounted Fee**: 50% of Charges or Referral Provider Discounted Fee
    - **Patient Pays 100%**
  - **151% - 175% Poverty Level**:
    - **On-Site Co-payment**: $25.00
    - **Referred Services**: $30.00
    - **Provider Discounted Fee**: Patient Pays 100%
    - **Patient Pays 100%**
  - **176% - 200% Poverty Level**:
    - **On-Site Co-payment**: $30.00
    - **Referred Services**: $35.00
    - **Provider Discounted Fee**: 50% of Charges or Referral Provider Discounted Fee
    - **Patient Pays 100%**

### Scale 5 - Annual Income
- **Number in Household**: 5
- **On-Site Nominal Fee**: $10.00/
- **Referred Services**: Varies by Service
- **Provider Discounted Fee Schedule**:
  - **101% - 125% Poverty Level**:
    - **On-Site Co-payment**: $15.00
    - **Referred Services**: $35.00
    - **Provider Discounted Fee**: 75% of Charges or Referral Provider Discounted Fee
    - **Patient Pays 100%**
  - **126% - 150% Poverty Level**:
    - **On-Site Co-payment**: $20.00
    - **Referred Services**: $30.00
    - **Provider Discounted Fee**: 50% of Charges or Referral Provider Discounted Fee
    - **Patient Pays 100%**
  - **151% - 175% Poverty Level**:
    - **On-Site Co-payment**: $25.00
    - **Referred Services**: $30.00
    - **Provider Discounted Fee**: Patient Pays 100%
    - **Patient Pays 100%**
  - **176% - 200% Poverty Level**:
    - **On-Site Co-payment**: $30.00
    - **Referred Services**: $35.00
    - **Provider Discounted Fee**: 50% of Charges or Referral Provider Discounted Fee
    - **Patient Pays 100%**

### Monthly Income Guidelines
- **Number in Household**: 1
- **On-Site Nominal Fee**: $10.00/
- **Referred Services**: Varies by Service
- **Provider Discounted Fee Schedule**:
  - **101% - 125% Poverty Level**:
    - **On-Site Co-payment**: $15.00
    - **Referred Services**: $35.00
    - **Provider Discounted Fee**: 75% of Charges or Referral Provider Discounted Fee
    - **Patient Pays 100%**
  - **126% - 150% Poverty Level**:
    - **On-Site Co-payment**: $20.00
    - **Referred Services**: $30.00
    - **Provider Discounted Fee**: 50% of Charges or Referral Provider Discounted Fee
    - **Patient Pays 100%**
  - **151% - 175% Poverty Level**:
    - **On-Site Co-payment**: $25.00
    - **Referred Services**: $30.00
    - **Provider Discounted Fee**: Patient Pays 100%
    - **Patient Pays 100%**
  - **176% - 200% Poverty Level**:
    - **On-Site Co-payment**: $30.00
    - **Referred Services**: $35.00
    - **Provider Discounted Fee**: 50% of Charges or Referral Provider Discounted Fee
    - **Patient Pays 100%**

### 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.

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### Affinity Health Center 2019

Discounted Fee Schedule for Medical Services for Community Health Center Patients

Services will not be denied due to inability to pay.

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 2019 Federal Poverty Guidelines. Additional household members are calculated at $4,420 per person.
- Copays are assigned to include primary care, infectious diseases, behavioral health services, and nutritional services. 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.