

Affinity Health Center 2024
Discounted Fee Schedule for Medical Services 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
	On-Site Nominal Fee \$10.00/ Referred Services Varies by Service*	On-Site Co-payment \$15.00/ Referral Provider Discounted Fee	On-Site Co-payment \$20.00/ Referral Provider Discounted Fee	On-Site Co-payment \$35.00/ Referral Provider Discounted Fee	On-Site Co-payment \$45.00/ Referral Provider Discounted Fee	Patient Pays 100%
1	\$15,060	\$15,061 - \$18,825	\$18,826 - \$22,590	\$22,591 - \$26,355	\$26,356 - \$30,120	\$30,121
2	\$20,440	\$20,441 - \$25,550	\$25,551 - \$30,660	\$30,661 - \$35,770	\$35,771 - \$40,880	\$40,881
3	\$25,820	\$25,821 - \$32,275	\$32,276 - \$38,730	\$38,731 - \$45,185	\$45,186 - \$51,640	\$51,641
4	\$31,200	\$31,201 - \$39,000	\$39,001 - \$46,800	\$46,801 - \$54,600	\$54,601 - \$62,400	\$62,401
5	\$36,580	\$36,581 - \$45,725	\$45,726 - \$54,870	\$54,871 - \$64,015	\$64,016 - \$73,160	\$73,161
6	\$41,960	\$41,961 - \$52,450	\$52,451 - \$62,940	\$62,941 - \$73,430	\$73,431 - \$83,920	\$83,921
7	\$47,340	\$47,341 - \$59,175	\$59,176 - \$71,010	\$71,011 - \$82,845	\$82,846 - \$94,680	\$94,681
8	\$52,720	\$52,721 - \$65,900	\$65,901 - \$79,080	\$79,081 - \$92,260	\$92,261 - \$105,440	\$105,441

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
	On-Site Nominal Fee \$10.00/ Referred Services Varies by Service*	On-Site Co-payment \$15.00/ Referral Provider Discounted Fee	On-Site Co-payment \$20.00/ Referral Provider Discounted Fee	On-Site Co-payment \$35.00/ Referral Provider Discounted Fee	On-Site Co-payment \$45.00/ Referral Provider Discounted Fee	Patient Pays 100%
1	\$1,255.00	\$1,255.01 - \$1,568.75	\$1,568.76 - \$1,882.50	\$1,882.51 - \$2,196.25	\$2,196.26 - \$2,510.00	\$2,510.01
2	\$1,703.33	\$1,703.34 - \$2,129.17	\$2,129.18 - \$2,555.00	\$2,555.01 - \$2,980.83	\$2,980.84 - \$3,406.67	\$3,406.68
3	\$2,151.67	\$2,151.68 - \$2,689.58	\$2,689.59 - \$3,227.50	\$3,227.51 - \$3,765.42	\$3,765.43 - \$4,303.33	\$4,303.34
4	\$2,600.00	\$2,600.01 - \$3,250.00	\$3,250.01 - \$3,900.00	\$3,900.01 - \$4,550.00	\$4,550.01 - \$5,200.00	\$5,200.01
5	\$3,048.33	\$3,048.34 - \$3,810.42	\$3,810.43 - \$4,572.50	\$4,572.51 - \$5,334.58	\$5,334.59 - \$6,096.67	\$6,096.68
6	\$3,496.67	\$3,496.68 - \$4,370.83	\$4,370.84 - \$5,245.00	\$5,245.01 - \$6,119.17	\$6,119.18 - \$6,993.33	\$6,993.34
7	\$3,945.00	\$3,945.01 - \$4,931.25	\$4,931.26 - \$5,917.50	\$5,917.51 - \$6,903.75	\$6,903.76 - \$7,890.00	\$7,890.01
8	\$4,393.33	\$4,393.34 - \$5,491.67	\$5,491.68 - \$6,590.00	\$6,590.01 - \$7,688.33	\$7,688.34 - \$8,786.67	\$8,786.68

Nominal Fees for Referred Services: Plain Film Radiology = 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 2024 Federal Poverty Guidelines. Additional household members are calculated at \$5,380 per person.

*** Copays are assigned to include primary care, infectious diseases, behavioral health services, and other clinician visits. 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.