

**SLIDING FEE DISCOUNT PROGRAM**  
**Schedule of Discounts for Medical and Behavioral Health Services**  
**Effective March 1, 2024**

The Schedule of Discounts is based on the current Federal Poverty Guidelines and are specific to Family Size and Annual Household Income.

There is a \$20.00 nominal fee due at the time of visit for all medical and behavioral health patients who qualify for the Sliding Fee Discount Program.

Patients are responsible for the balance of their account after applicable discounts are applied.

**ANNUAL**

Income Level	<100%	101-150%	151-175%	176-200%	200%>
% Owed	0	25%	50%	75%	100%
MAXIMUM ANNUAL INCOME					
Family Size	B	C	D	E	F
1	\$ 15,060	\$ 15,061 - \$ 22,590	\$ 22,591 - \$ 26,355	\$ 26,356 - \$ 30,120	\$ 30,121 +
2	\$ 20,440	\$ 20,441 - \$ 30,660	\$ 30,661 - \$ 35,770	\$ 35,771 - \$ 40,880	\$ 40,881 +
3	\$ 25,820	\$ 25,821 - \$ 38,730	\$ 38,731 - \$ 45,185	\$ 45,186 - \$ 51,640	\$ 51,641 +
4	\$ 31,200	\$ 31,201 - \$ 46,800	\$ 46,801 - \$ 54,600	\$ 54,601 - \$ 62,400	\$ 62,401 +
5	\$ 36,580	\$ 36,581 - \$ 54,870	\$ 54,871 - \$ 64,015	\$ 64,016 - \$ 73,160	\$ 73,161 +
6	\$ 41,960	\$ 41,961 - \$ 62,940	\$ 62,941 - \$ 73,430	\$ 73,431 - \$ 83,920	\$ 83,921 +
7	\$ 47,340	\$ 47,341 - \$ 71,010	\$ 71,011 - \$ 82,845	\$ 82,846 - \$ 94,680	\$ 94,681 +
8	\$ 52,720	\$ 52,721 - \$ 79,080	\$ 79,081 - \$ 92,260	\$ 92,261 - \$ 105,440	\$ 105,441 +

Add \$5,380.00 for each additional person in family

Approved by KPCHC Board Feb 16, 2024

Patient's Name \_\_\_\_\_ DOB \_\_\_\_\_

The slide scale you are on is \_\_\_\_\_. The expiration date of your sliding scale is \_\_\_\_\_.