

KONZA PRAIRIE Community Health Center

SLIDING FEE DISCOUNT PROGRAM

Schedule of Discounts for Family Planning

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.

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

ANNUAL

Income Level	<100%	101-150%	151-200%	201-250%	>250%
% 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 - \$ 30,120	\$ 30,121 - \$ 37,650	\$ 37,651 +
2	\$ 20,440	\$ 20,441 - \$ 30,660	\$ 30,661 - \$ 40,880	\$ 40,881 - \$ 51,100	\$ 51,101 +
3	\$ 25,820	\$ 25,821 - \$ 38,730	\$ 38,731 - \$ 51,640	\$ 51,641 - \$ 64,550	\$ 64,551 +
4	\$ 31,200	\$ 31,201 - \$ 46,800	\$ 46,801 - \$ 62,400	\$ 62,401 - \$ 78,000	\$ 78,001 +
5	\$ 36,580	\$ 36,581 - \$ 54,870	\$ 54,871 - \$ 73,160	\$ 73,161 - \$ 91,450	\$ 91,451 +
6	\$ 41,960	\$ 41,961 - \$ 62,940	\$ 62,941 - \$ 83,920	\$ 83,921 - \$ 104,900	\$ 104,901 +
7	\$ 47,340	\$ 47,341 - \$ 71,010	\$ 71,011 - \$ 94,680	\$ 94,681 - \$ 118,350	\$ 118,351 +
8	\$ 52,720	\$ 52,721 - \$ 79,080	\$ 79,081 - \$ 105,440	\$ 105,441 - \$ 131,800	\$ 131,801 +

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 _____.